

## APPLICATION FOR HOSPITAL TO BE DESIGNATED "IN THE ACS VERIFICATION PROCESS" State Form 50271 (R2/7-15)

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Dr. Eric Woo Office telephone number  Name Lennifer Homan	Collidar (elephone / pager number	Trauma Medical I	Director IFORMATION		
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INSTRUCTIONS: Address each of the attached in narrative form.

## APPLICATION FOR "IN THE ACS VERIFICATION PROCESS" LEVEL III TRAUMA CENTER STATUS Part of State Form 55271 (R2 / 7-15)

Hospitals that wish to apply for status as an "in the process" Level III Trauma Center must provide sufficient documentation for the Indiana State Department of Health and the Indiana Department of Homeland Security to conclude that your hospital complies with each of the following requirements:

A Trauma Medical Director: Who is Board-Certified, or eligible for board certification, or an American College of Surgeons Fellow. This is a general surgeon who participates in trauma call and is current in Advanced Trauma Life Support (ATLS). The Medical Director must be dedicated to one (1) hospital. The Medical Director must be appointed six (6) months before the "in the process" application can be submitted.

Documentation required:

Current ATLS certificate. Physician must have successfully completed course prior to application.

Trauma Medical Director's full CV.

Guideline/policy/contract that states Medical Director is dedicated to only one (1) facility. íii.

Copy of past three (3) months call rosters documenting Trauma Medical Director's activity on call panel. Copy of board certification, ACS Fellow status, or eligible for board certification documentation for Trauma Medical Director.

Documentation of attendance to at least three (3) trauma operation meetings. Meetings must be at least one (1) month apart.

Documentation of attendance to at least three (3) peer review meetings. Meetings must be at least one (1) vii.

- Sixteen (16) hours of external, trauma-related CME's obtained in the twelve (12) months prior to submission of the application.
- Trauma Program Manager: This person is usually a registered nurse and must show evidence of educational preparation, with a minimum of sixteen (16) hours (internal or external) of trauma related continuing education per year and clinical experience in the care of injured patients.

Documentation required:

Trauma Program Manager CV.

Trauma-related continuing education information from the past twelve (12) months in a spreadsheet format.

Documentation of attendance to at least three (3) trauma operation meetings. Meetings must be at least one (1) month apart.

- Documentation of attendance to at least three (3) peer review meetings. Meetings must be at least one (1) month apart
- Submission of trauma data to the State Registry: The hospital must be submitting data to the Indiana Trauma Registry following the Registry's data dictionary data standard for the last two (2) quarters prior to submitting the application and at least quarterly thereafter.

Documentation required:

- The State Trauma Registrar will validate your participation in the Indiana Trauma Registry as required.
- A Trauma Registrar: This is someone who abstracts high-quality data into the hospital's trauma registry and works directly with the hospital's trauma team. This position is managed by the Trauma Program Manager.

a. Documentation required:

Trauma Registrar CV. i,

Trauma Registrar job description.

- Proof of trauma registry training (i.e. may include ISDH training or vendor training).
- Tiered Activation System: There must be a clearly defined Tiered Activation System that is continuously evaluated by the hospital's Performance Improvement and Patient Safety (PIPS) program. Should be inclusive of ACS criteria. Trauma Program Manager, Trauma Medical Director and Emergency Department (ED) liaison must attend Rural Trauma Team Development Course (RTTDC) prior to submission of in process application.

a. Documentation required:

Activation guideline/policy.

- Proof of completion for Trauma Medical Director, Trauma Program Manager and ED liaison at RTTDC.
- <u>Trauma Surgeon response times:</u> Evidence must be submitted that response times for the Trauma Surgeon are as defined by the Optimal Resources document of the American College of Surgeons. Also, there must be a written letter of commitment, signed by the Trauma Medical Director, that is included as part of the hospital's application. There must be evidence that a trauma surgeon is a member of the hospital's disaster committee. All trauma surgeons on the call panel must have successfully completed ATLS at least once.

Documentation required:

Individual written statements of support of the trauma program from all participating trauma surgeons, orthopedic surgeons, and neurosurgeons on the call panel, including signature by Trauma Medical Director.

Complete Surgeon Response Time spreadsheet provided by ISDH Designation Subcommittee.

Letter from Disaster Committee Chairperson validating a trauma surgeons participation and include record of attendance from past year.



## APPLICATION FOR "IN THE ACS VERIFICATION PROCESS" LEVEL III TRAUMA CENTER STATUS (continued)

iv. Copies of past three (3) months general surgery call coverage to show proof of continuous coverage.

Copies of ATLS cards for each general surgeon on the call schedule.

Copies board certification status for each general surgeon on the call schedule.

7. In-house Emergency Department physician coverage: The Emergency Department must have a designated emergency physician director, supported by an appropriate number of additional physicians to ensure immediate care for injured patients. Physicians director, supported by an appropriate number of administrational physicians who are not board-certified in emergency. All ED physicians must have successfully completed ATLS at least once. Physicians who are not board-certified in emergency. medicine who work in the ED must be current in ATLS.

Copies of past three (3) months emergency medicine physician call roster, include names of providers if Documentation required:

Complete ED physician spreadsheet provided by the ISDH Designation Subcommittee. ii.

ED liaison CV. iii.

Copies of ATLS cards for each ED physician.

Orthopedic Surgery: There must be an orthopedic surgeon on call and promptly available twenty-four (24) hours per day. There must also be a written letter of commitment, signed by orthopedic surgeons and the Trauma Medical Director, for this requirement.

**Documentation required:** 

Copies of past three (3) months orthopedic physician call roster, include names of providers if initials are

Provide written letter of commitment from orthopedic physicians including signature from all participating orthopedic physicians and Trauma Medical Director.

Neurosurgery: The hospital must have a plan that determines which type of neurologic injuries should remain at the facility for treatment and which types of injuries should be transferred out for higher levels of care. This plan must be agreed upon by the neurosurgical surgeon and the facility's Trauma Medical Director. There must be a transfer agreement in place with Level I or Level II trauma centers for the hospital's neurosurgical patient population. The documentation must include a signed letter of commitment by neurosurgeons and the Trauma Medical Director.

Documentation required if ALL patients treated via transfer:

Copies of transfer agreements with Level I and Level II trauma centers where neurosurgery patients will be sent from your facility.

Signed letter from Trauma Medical Director. Documentation required if certain patients are kept/treated at your facility:

Policy/guideline that establishes your scope of care and criteria for transfers.

- Copies of past three (3) months neurosurgeon physician call rosters, include physician names if initials are
- Signed statement from OR manager/director and Trauma Medical Director that craniotomy equipment is at your facility if you plan to keep these patients. ii.

Letter of commitment from neurosurgeons and Trauma Medical Director.

Traumatic Brain Injury policies/guidelines.

10. Transfer agreements and criteria: The hospital must include as part of its application a copy of its transfer criteria and copies of its transfer agreements with other hospitals.

Documentation required:

Copy of transfer out policy/criteria.

- Copies of transfer agreements with Level I and Level II trauma centers.
- 11. Trauma Operating room, staff and equipment: There must be prompt availability of a Trauma Operating Room (OR), an appropriately staffed OR team, essential equipment (including equipment needed for a craniotomy) and anesthesiologist appropriately stated ON team, essential equipment (moluding equipment needed for a dramotomy) and anesthesiologist services twenty-four (24) hours per day. The application must also include a list of essential equipment available to the OR and its staff. Anesthesiologists must be promptly available for emergency operations. The center must have an identified anesthesia liaison for the trauma program.

List of essential equipment as outlined in Resources for Optimal Care of the Injured Patient resource. Documentation required:

Policy/guideline outlining staffing procedures for emergent trauma procedures (including OR staff and anesthesia).

Anesthesiology liaison CV.

## APPLICATION FOR "IN THE ACS VERIFICATION PROCESS" LEVEL III TRAUMA CENTER STATUS (continued)

12. <u>Critical Care physician coverage:</u> Physician coverage of the ICU must be available within thirty (30) minutes, with a formal plan in place for emergency. There must be emergency coverage in-house twenty-four (24) hours per day. Supporting documentation must include a signed letter of commitment and proof of physician coverage twenty-four (24) hours a day.

a. Documentation required:

- Past three (3) months call schedules for critical care coverage and include physician names if initials are used on the call calendar.
- ii. Signed letter of commitment from critical care physician group and Trauma Medical Director.

iii. Policy/guideline for who manages airway emergencies on the floor.

13. CT scan and conventional radiography: There must be twenty-four (24) hour availability of CT scan and conventional radiography capabilities. There must also be a written letter of commitment from the hospital's Chief of Radiology.

a. Documentation required:

- i. Signed letter of commitment from Chief of Radiology and Trauma Medical Director.
- 14. Intensive care unit: There must be an intensive care unit with patient/nurse ratio not exceeding two to one (2:1) and appropriate resources to resuscitate and monitor injured patients

a. Documentation required:

Scope of care/nursing standards/staffing guidelines for ICU that outlines nurse to patient ratios.

ii. Equipment list for the ICU.

15. <u>Blood bank:</u> A blood bank must be available twenty-four (24) hours per day with the ability to type and cross-match blood products, with adequate amounts of packed red blood cells (PRBC) and fresh frozen plasma (FFP) within fifteen (15) minutes. All centers must have massive transfusion protocol developed collaboratively between trauma services and the blood bank. All centers should consider having, platelets, cryoprecipitate and other proper clotting factors to meet the needs of injured patients.

Documentation required:

- i. Location of blood bank (in hospital or offsite address).
- ii Policy/guideline that includes detail of products available and number of each product on site.

iii. Copy of massive blood transfusion protocol.

16. <u>Laboratory services:</u> There must be laboratory services available twenty-four (24) hours per day. This should include at a minimum blood typing, cross-matching, analyses of blood, urine, and other body fluids, including microsampling when appropriate. There should be capability for coagulation studies, blood gases, and microbiology.

a. Documentation required:

- Guideline/policy that outlines what services are available 24/7.
- 17. Post-anesthesia care unit: The post-anesthesia care unit (PACU) must have qualified nurses and necessary equipment twenty-four (24) hours per day.

a. Documentation required:

- i. Include a list of available equipment in the PACU.
- 18. Relationship with an organ procurement organization (OPO): There must be written evidence that the hospital has an established relationship with a recognized OPO. There must also be written policies for triggering of notification of the OPO.

a. Documentation required:

- i. Written policy regarding OPO participation in the trauma program and triggers for notifying OPO.
- 19. <u>Diversion policy:</u> The hospital must provide a copy of its diversion policy and affirm that it will not be on diversion status more than 5% of the time in a rolling twelve (12) month period. The hospital's documentation must include a record of the most recent twelve (12) months showing dates and length of time for each time the hospital was on diversion.

a. <u>Documentation required:</u>

- Completed detailed diversion information/why facility activated diversion on required spreadsheet provided by ISDH Designation Subcommittee.
- Operational process performance improvement committee: There must be a trauma program operational process
  performance improvement committee and documentation must include a roster of the committee and meeting times for the
  previous year. This meeting must occur at least quarterly.

a. Documentation required:

 i. Signed letter from Trauma Medical Director and Trauma Program Manager outlining committee membership and meeting frequency.
 ii. Complete Operational Attendance spreadsheet provided by ISDH Designation Subcommittee. Include data

from most recent twelve (12) months.

iii. All Trauma Surgeons and all the Liaisons must have attended at least two (2) Operational meetings prior to submission of the application, held no more frequently than monthly.

## APPLICATION FOR "IN THE ACS VERIFICATION PROCESS" LEVEL III TRAUMA CENTER STATUS (continued)

21. <u>Trauma Peer Morbidity and Morfality Committee:</u> The trauma program should have established committee membership and set meeting dates prior to application. This meeting must occur at least quarterly.

Signed letter from Trauma Medical Director and Trauma Program Manager outlining committee membership Documentation required:

Complete Peer Attendance spreadsheet provided by ISDH Designation Subcommittee. Include data from

- All Trauma Surgeons and all the Liaisons must have attended at least two (2) Trauma Peer Review meetings prior to submission of the application, held no more frequently than monthly.
- 22. Nurse credentialing requirements: Briefly describe credentialing requirements for nurses who care for trauma patients in your Emergency Department and ICU.

a. <u>Documentation required:</u>

- Policy/guideline that outlines credentialing requirements for nurses in the ED and ICU.
- Percentage of nurses that have completed credentialing requirements for both ED and ICU.
- 23. Commitment by the governing body and medical staff: There must be separate written commitments by the hospital's governing body and medical staff to establish a Level III Trauma Center and to pursue verification by the American College of Supress within and (1) year of this confidence and to achieve ACS verification within the (2) year of this confidence and to achieve ACS verification within the (2) year of this confidence and to achieve ACS verification within the (2) year of the confidence and to achieve ACS verification within the (2) year of the confidence and to achieve ACS verification within the (2) year of the confidence and the confidenc governing body and medical stan to establish a Level in Tradina Center and to pulsue verification by the American College of Surgeons within one (1) year of this application and to achieve ACS verification within two (2) years of the granting of in the ourgeons within the (1) year of this application and to achieve 505 verification within two (2) years of the granting of 1 process" status. Further, the documentation provided must include recognition by the hospital that if it does not pursue verification within one (1) year of this application and/or does not achieve ACS verification within two (2) years of the granting of "in the process" status that the hospital's "in the process" status will immediately be revoked, become null and void and have no effect whatsoever.

Written statement as outlined under requirements that is signed by governing body and medical staff a. <u>Documentation required:</u> i. representative.

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## Eric M. Woo, DO

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is recognized as having successfully completed the ATLS® Course for Doctors according to the standards established by the ACS Committee on Trauma

Karm Brasel, MD, FACS Kamberty Joseph, MD.

Chauperson ATLS Subcommittee



## Eric Michael Woo, D.O.

## EMPLOYMENT EXPERIENCE

GENERAL SURGEON, INDIANA SURGICAL ASSOCIATES 2012-present

GENERAL SURGEON, WELLGROUP HEALTH PARTNERS 2007-2012

GENERAL SURGERY CONTINUITY CLINIC 2009-2012

GENERAL SURGERY RESIDENCY PROGRAM DIRECTOR, MIDWESTERN UNIVERSITY, ST. JAMES 2010-2012

## POST GRADUATE EDUCATION

GENERAL SURGERY RESIDENCY 2003-2007 MIDWESTERN UNIVERSITY, ST. JAMES HOSPITALS

GENERAL SURGERY TRACKING INTERNSHIP 2002-2003 MIDWESTERN UNIVERSITY, ST. JAMES HOSPITALS

## **EDUCATION**

CHICAGO COLLEGE OF OSTEOPATHIC MEDICINE, DOWNERS GROVE, IL. D.O. DEGREE 2002

CALVIN COLLEGE, GRAND RAPIDS, MI. B.S. DEGREE 1997

## **PUBLICATIONS**

"CONJUNCTIVAL PERMEABILITY AND ULTRASTRUCTRE, EFFECTS OF BENZALKONIUM CHLORIDE AND ARTIFICIAL TEARS." UBELS, WOO, et al.

"N-LINKDED GLYCOSIDE AND GLUCURONIDE CONJUGATES OF THE RETINOID, ACITRTIN, ARE BIOLOGICALLY ACTIVE IN CORNEA AND CONJUNCTIVA." UBELS, WOO, CURLEY.

## CERTIFICATIONS AND LICENSURE

BOARD CERTIFIED IN GENERAL SURGERY C.O.M.L.E.X. LEVEL I, II, III ADVANCE TRAUMA LIFE SUPPORT INDIANA STATE PHYSCIAN LICENSE ILLINOIS STATE PHYSCIAN LICENSE B.L.S. A.C.L.S.

## Eric Michael Woo, D.O.

PROFESSIONAL ORGANIZATIONS, COMMITTEES, AND AWARDS

AMERICAN OSTEOPATHIC ASSOCIATION 2002-present

AMERICAN COLLEGE OF OSTEOPATHIC SURGEONS 2003-present

ST. JAMES HOSPITALS EDUCATOR OF THE YEAR 2009

ARNOLD P. GOLD FOUNDATION HUMANISM AND EXCELLENCE IN

TEACHING AWARD 2004, 2006, 2007.

ST. JAMES FRANCISCAN INTERN OF THE YEAR 2003

ST. JAMES MEDICAL EXECUTIVE COMMITTEE 2010-2012

ST. JAMES OSTEOPATHIC CONCEPTS COMMITTEE 2013-present

ST. ANTHONY'S CROWN POINT CANCER COMMITTEE 2013-present

ST. ANTHONY'S CROWN POINT TRAUMA DIRECTOR 2013-present

ST. ANTHONY'S CROWN POINT TRAUMA DIRECTOR 2013-present

ST. ANTHONY'S CROWN POINT PEFORMANCE IMPROVEMENT COMMITTEE

2014-present

## EXHIBIT A TRAUMA PROGRAM MEDICAL DIRECTOR FRANCISCAN ST. ANTHONY HEALTH - CROWN POINT

Position Summary: The Trauma Medical Director is responsible for the ongoing development, growth and oversight/authority of the Trauma Program. He/she must be able to demonstrate effective interpersonal skills and an understanding of the interdependent roles of various allied health professions. The Trauma Medical Director is responsible for promoting high standards of practice through development of trauma policies, protocols and practice guidelines; participating in rigorous performance improvement monitoring; resident and staff education and trauma research. He/she has authority to act on all trauma performance improvement and administrative issues and critically review trauma deaths and complications that occur within the hospital. Decisions affecting the care of trauma patients will not be made without the knowledge, input and approval of the Trauma Medical Director.

## Qualifications:

- 1. Board certified in General Surgery.
- 2. Member in good standing of the hospital medical staff.
- 3. Currently licensed to practice medicine in Indiana.
- 4. Currently certified in Advanced Trauma Life Support (ATLS).
- 5. Ability to establish and maintain effective interpersonal relationships.
- 6. Ability to accept and implement change.
- 7. Ability to problem solve make decisions.
- Demonstrated history of positive collegial relations with colleagues, support staff, hospital-based providers, administrators and patients.

## Principal Duties and Responsibilities:

## Administration:

- Participate in the research, development and writing of trauma policies, protocols and practice guidelines.
- Implement trauma program policies and procedures as they pertain to patient care.
- Organize, direct and integrate the trauma program with all other departments and services within the hospital.
- Promote a cooperative and collaborative working environment among the clinical disciplines involved in trauma care.

- Maintain an effective working relationship with the medical staff, trauma service staff,
- Provide advice and direction in recommending privileges for the trauma service.
- Participate in trauma program marketing activities.
- Assist the Trauma Program Coordinator in developing and meeting the trauma program
- Oversee, participate in and develop projects that ensure the cost-effectiveness of care provided by physicians and hospital.

- Lead efforts to develop and maintain a trauma center. Program Initiatives:
  - Collaborate with the Trauma Program Coordinator to establish trauma program goals and objectives consistent with those of the hospital and ensure that those of the trauma
  - Develop and provide input on the development and maintenance of practice guidelines, policies and methodologies for medical/surgical trauma care.
  - Participate in site review by regulatory agencies.
  - Organize, direct and implement departmental practices to assure continued compliance with applicable laws including the guidelines established by HFAP.
  - Demonstrate positive interpersonal relationship with colleagues, referral MDs, hospital personnel, and patients/families in order to achieve maximum operational effectiveness
  - Assure transfer agreements in place and in good standing; maintain relationship with receiving facilities, foster collaborative relationship.
  - Make appropriate referrals for specialty services and communicate regularly with referring physician as appropriate.
  - Assume clinical responsibility for all trauma patients.
  - Ensure that adequate attending physician availability is provided to render care to
  - Ensure establishment of physician/surgeon call schedules for all trauma care, excluding those who do not meet educational and credentialing requirements.
  - Provide trauma care leadership and consultation for emergency, surgery and intensive
  - Participate in regional and statewide activities affecting the trauma program.
  - Attend local and national meetings and conferences to remain current regarding issues
  - Demonstrate consistent, efficient, cost effective and quality trauma care at all times.
  - Participate in trauma patient/family satisfaction projects as developed by hospital.

- Determine and implement PI activities appropriate to the trauma program. Performance Improvement:
  - Oversee the trauma PI program and participate in other quality initiatives that deal with
  - Review and investigate all trauma PI inquiries in collaboration with the Trauma Program

Coordinator and refer to the appropriate committees.

- · Monitor compliance with trauma treatment guidelines, policies and protocols.
- Assure that the quality and appropriateness of patient care are monitored and evaluated and that appropriate actions based on findings are taken on a consistent basis.
- Consult with appropriate medical staff and administration regarding quality care issues and adverse outcomes; identify areas to improve patient care.
- · Assure that continuum of care is maintained.
- Identify representatives from various disciplines appropriate to participate in PI activities.
- Coordinate, schedule and facilitate the PI peer review process.
- Chair the Multidisciplinary Trauma Conference.
- Review all trauma-related peer review
- Assist the Trauma Program Coordinator in evaluating the effectiveness of corrective actions resulting from PI processes.
- Assume responsibility for the accuracy and validity of trauma statistics.

## Clinical Education:

- Support the requirements for trauma CME by participating and assisting in the education and training of hospital personnel physicians and specialists.
- Provide education for hospital staff regarding trauma program policies and appropriate medical practices.
- Maintain relations with community organization and legislative bodies whose activities relate to trauma care and injury prevention.
- Participate in hospital outreach activities as may be requested by administration.
- Develop and participate in trauma community education and injury prevention activities.
- Function as a liaison to other hospitals within the region.

## Knowledge and Skill:

- Lead the hospital in program development.
- Oversee the clinical practice of medical staff.
- Analyze and interpret complicated information.
- Determines a course of action based on research, data, standards of care and general guidelines/protocols.
- Communicate effectively with a wide variety of intra- and inter-facility staff and administration using both oral and written communication.
- · Possess critical thinking, analytical, teaching/coaching and research skills.



February 1, 2008

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I am pleased to advise you that the Executive Committee of the Bureau of Osteopathic Specialists of the Dear Dr. Woo: American Osteopathic Association APPROVED the recommendation of the American Osteopathic Board of Surgery to certify you as follows:

Surgery-General; Certificate Number 2147. Effective Date of Certification - 10/17/2007 through 10/17/2017

Your effective date of certification coincides with the date on which you were notified by the American Osteopathic Board of Surgery of completion of all requirements for certification, and is verified by this letter. The American Osteopathic Board of Surgery is presently preparing a certificate. As soon as it has been lettered and signed by the appropriate officers, the secretary of the specialty board will mail it to you.

Congratulations on your accomplishment. If you have any questions about your certificate, please contact the American Osteopathic Board of Surgery at (800) 782-5355.

Sincerely Yours,

Armando F. Ramirez, CAE, Secretary

AFRIOD cc: Specialty Board Specialty College Division of Certification BOS Ref:

TREATING OUR FAMILY AND YOURS

www.osteopadilc.org (do-online.org

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2. Place all meeting dates in columns C2 through N2

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Total Number of Trauma Peer Review Committee meetings held last year:	Trauma Peer Review Committee  Member Name  Dr. Eric Woo  Dr. Brendan Frawley  Dr. Mark Mueller  Dr. Galouzis  Dr. Ryan Plank  Dr. Michael Streeter  Dr. Tom Brozak  Dr. Tom Brozak  Dr. Charles Rebesco  Dr. Evelyn Santos  Dr. Saven Klepak  Dr. Steven Klepak  Dr. Sef Farias  Jr. Sef Farias  Grystal Vasquez

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Total Number of Operational Process Performance Committee meetings held last year:	Operational Process Performance Committee Member Name Dr Erlc Woo Jennifer Homan Janet Doms Crystal Vasquez Dr. Dong Susan Sivka Rachel Moody Irene Kopec/April Nichaelena Hardin Lisa Peterson Diane Warburton Rob Dowling Carol Schuster Vicki Fortier Mike Olsen Maria Guez Phyllis Stanford Michael Budimir Jennifer Bradski Michael Budimir Jennifer Bradski Michael Meska Carla McArdle/Linda Holmes Karin Kolisz Dr. Frawley Dr. Galouzis Dr. Klepac Dr. Mueller Dr. Mueller Dr. Rifei



## American College of Osteopathic Surgeons

## CONTINUING MEDICAL EDUCATION CERTIFICATE

The American College of Osteopathic Surgeons certifies that

Eric Woo, D.O.

AOA # 84171

has participated in the

## 2014 Annual Clinical Assembly

Boston, MA September 18 – 21, 2014

and is awarded a total of 19.63 AOA Credit Hours

1-A=19.75 2-B=0

The American College of Osteopathic Surgeons, as an organization accredited by the American Osteopathic Association for continuing surgical education, designates that this educational activity meets the criteria for AOA continuing medical education credit. The AOA has approved this activity for a maximum of 28.5 Category 1-A credits and a maximum of 6.0 Category 2-B credits.

Jennifer Colwell

Jennifer Colwell Director of Continuing Education

## Sessions Listing

			Credit Type
		specialty	1.5 1-A
<i>,</i> 000		All	
	GENERAL SESSION: "Technology in Healthcare: // IBM's Watson - A Look at the Future of Medicine"  IBM's Watson - A Look at the Future of Medicine"	•	1 1-A
	IBM's Watson - A Look at the Fitcher FEATURED SPEAKER: Theodore F. Classen FEATURED SPEAKER: Theodore F. Classen	All .	
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	. vComp for SHIGGOID	General Surgery	0.67 1-A
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	- 1	General Surgery	0.67 1-A
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GS5		All	
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	Media" Surgical Treatment	Plastic & Reconstruc	tive Surgery 1 1-14 0.67 1-A
	Media" Advances in Breast Cancer Surgical Treatment	General Surgery	
P2		General Surgery	0.67 1-A
GS11	Trauma TEAMWORK System  ABCDE: How Do we Achieve a Paradigm Shift?	General Surgery	0.42 1-A
GS12	. : .: Mound Therapy	General Surgery	0.42 1-A
GS13	Flap Repair of Complex Pilonidal Cysts	General Surgery	0.5 1-A
GS14	Taking Contes	General Surgery	0.67 1-A
GS15	Disaster Training General Trauma Quality Improvement Program (TQIP)		0.5 1-A
GS16	CALCUMPTION FAMOUR	General Surgery	1 1-A
GS17		All	
All5	FEATURED SPEAKER. Clouding Team Cultures that will Drive Better Patient		0.33 1-A
	Outcomes"	General Surgery	
		General Surgery	0.67 1-A
GS18	Vascular Surgery for the General Surgeon	General Surgery	0.67 1-A
GS19		General Surgery	0.67 1-A
GS20	. The of Carbanenem-resistant	Gelleral Omgo.	
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	Epidemiology and Treatment Epidemiology and Effusion and Empyema	: General Surgery	0.5
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GS22	Management of Pieural Entertained Surgeon Thoracic Problems for the General Surgeon Thoracic Problems for the General Hernias, both Ac	ute General Surgery	0.07
G\$23	Management of Giant Vertical Floring		0.67 1~
(3020	and Chronic	General Surgery	0.67 1-
GS24	Disaster Preparedness	General Surgery	0.67 1
GS25	- Organizing Team Response	General Surgery	0.75 1-
GS20	Surgery in the Rural Setting	General Surgery	0.33 1
GS2	vi-lon Trin	1.0	0,00 1
	Austere Environments: Alguarillota.		
GS2	2013		19.63

Total Credits Earned



## ST. ANTHONY HEALTH Crown Point

## Northern Indiana Education Foundation Continuing Medical Education

Certifies that

## Eric Woo

Has participated in the Live Activity

## Northern Indiana Region Trauma Symposium Crossing the T in Disaster

At Franciscan St. Anthony Health

On Tuesday, September 23, 2014

And is awarded 6.0 AMA PRA Category 1 Credit(s)m

Robert E. McBride, M.D.

Medical Director, Northern Indiana Education Foundation Inc.

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Indiana State Medical accredited by the ISMA to provide continuing medical education for physicians and designates this live activity for a maximum of 6.0 AMA Association (ISMA) through the joint providership of Northern Indiana Education Foundation (NIEF) and Franciscan Alliance. NIEF is PRA Category I Credit(s)<sup>m</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Northern Indiana Education Foundation Continuing Medical Education ラがいかいとう

Certifies that

Has participated in the Live Activity

Trauma Mortality and Morbidity Series

At Franciscan St. Anthony Health

On Thursday, February 19, 2015

And is awarded 1.0 AMA PRA Category 1 Credit(s)"

Robert E. McBride, M.D.

Medical Director, Northern Indiana Education Foundation Inc.

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Indiana State Medical accradited by the ISMA to provide continuing medical education for physicians and designales this live activity for a maximum of 1.0 AMA accradited by the ISMA to provide continuing medical education for physicians should claim only the credit commensurate with the extent of their participation in the activity. PRA Category 1 Credit(s)<sup>m</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity. Association (ISMA) through the Joint providership of Northern Indiana Education Foundation (NIEF) and Franciscan Alliance. NIEF is

# Table Solution of the second s

## Northern Indiana Education Foundation Continuing Medical Education

Certifies that

Eric Up

Has participated in the Live Activity

## Trauma Mortality and Morbidity Series

At Franciscan St. Anthony Health

On Thursday, December 18, 2014

And is awarded 1.0 AMA PRA Category 1 Credit(s)"

Robert E. McBride, M.D.

Medical Director, Northern Indiana Education Foundation Inc.

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Indiana State Medical accredited by the ISMA to provide continuing medical education for physicians and designates this live activity for a maximum of 1.0 AMA PRA Category 1 Credit(s)<sup>m</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity. Association (ISMA) through the joint providership of Northern Indiana Education Foundation (NIEF) and Franciscan Alliance. NIEF is

## Section 2 A Trauma Program Manager

- o Trauma Program Manager CV.
- o Trauma-related continuing education information from the past 12 months in a spreadsheet format.
- O Documentation of attendance to at least three trauma operation meetings. Meetings must be at least one month apart.
- o Documentation of attendance to at least three peer review meetings. Meetings must be at least one month apart.

## JENNIFER HOMAN

To obtain long term employment with an organization that strives for excellence in patient care, encourages a mutually respectful work environment, and encourages staff education and development.

## SUMMARY OF QUALIFICATIONS

Qualifications: Began my healthcare career at age 16. Worked as a CNA until I graduated high school. Served 4 years active duty Army as a combat medic working Emergency room and EMS. Worked for Memorial Hospital beginning 1995 as a Critical Care Technician on Cardiac intermediate care. While attending Nursing School worked with Registered Nurses to assess diagnose, plan and implement patient care to Cardiac patients. Upon completion of Nursing School, worked as a Registered Nurse in the Cardiac Stress labs. I was the Charge nurse of this Department. I monitored and provided care for at risk cardiac patients. Also maintained department staffing, statistics and worked within budget guidelines. Beginning March 2005 I became a Staff Nurse in a level II Trauma center. As a staff nurse I assessed diagnosed planned and implemented care on a diverse patient population. I was a member of the scheduling committee, and also helped to implement our unit shared governance committee. I took a relief charge nurse position and was moved into a full time charge position approximately 8 months later. As a charge nurse I helped facilitate patient movement through the department. I followed up on patient care issues and concerns. I provided mentoring to new staff. I was also responsible for ensuring unit and hospital policies were enforced. In August 2013 I began working for Franciscan Alliance to develop Trauma Programs at 2 of their Northern Indiana regional hospitals.

August 2013 -present St. Margaret Health/ St. Anthony Health Trauma Program Coordinator: Responsible for implementing policies for trauma **EMPLOYMENT** program, collecting and analyzing performance improvement data, collaborating with multidisciplinary team to meet standards of care, developing and incorporating staff education plans, work with administration to ensure program viability. Responsible for analyzing trauma registry data for trends and implementing community injury prevention strategies based on these trends.

September 2011- August 2013 Memorial Hospital, South Bend, IN Registered Nurse Staff Nurse in Emergency Department.

Clinical Nurse Manager Emergency Department Organized staff scheduling, Helped March 2011-9/1/2011 Porter Hospital Valparaiso, IN facilitate and educate staff in preparation of the implementation of electronic health record. Worked with other members of the health care team and organizational leaders in implementing change to increase HCAP scores.

January 2011-March 2011 Community Hospital Munster, IN Registered Nurse Staff Nurse in Emergency Department.

May 2012 -present Saint Anthony Medical Center, Michigan City, IN **Registered Nurse** Staff Nurse in Emergency Department

March 2005-January 2011 Memorial Hospital South Bend, IN Registered Nurse Charge Nurse of 40 bed Level 2 Trauma center. Provided emergency care and treatment to a diverse patient population. Assist with a multidisciplinary team to facilitate further actions needed for best outcome of patient care. Assist in maintaining patient throughput. Manage staffing while assisting in maintaining unit budget. Initiated unit shared government committee, served as chair of the committee for 2 terms.

June 2004-March 2005 Memorial Hospital South Bend, IN

Registered Nurse Charge Nurse Cardiac Stress Labs. Provided monitoring of cardiac patients before during and after procedure. Assessed patient risk factors to ensure safe testing. Provided staff education and facilitated advanced education of EKG monitoring during testing. Maintain department staffing, and equipment par levels to maintain economical operation of department.

May 1996-June 1999, May 2001-June 2004 Memorial Hospital South Bend, IN Patient Care Assistant/Clinical Associate Provided direct patient care on a cardiac intermediate unit. Worked in cooperation with the registered nurse to facilitate patients daily activities. Monitored the vital signs and cardiac rhythms of cardiac patients. Worked as unit secretary, order entry and documentation. Member of scheduling committee of the unit practice counsel. As a clinical associate, assessed and provided care for a team of patients in collaboration with the Registered Nurse.

August 1999-June 2001 First Choice Insurance North Judson, IN Insurance agent Initiated new business and maintained exiting book of business of property/casualty clients. Maintained deposit logs and minor financial encounters. Received property/casualty license in the State of Indiana and acted in accordance with the guidelines of that

## **EDUCATION**

2001-2004

Purdue University North Central

Westville, IN

Associate of Science in Nursing

Dean's list through entire coarse of studies. Graduated with a 3.7 GPA. Took additional courses in Organizational Leadership and business and currently 1 course from receiving a certificate in Organizational Leadership and 4 courses needed to complete BSN.

## CERTIFICATES AND MEMBERSHIPS

Basic Life Support, Advanced Cardiac Life Support, Trauma Nurse Core Curriculum, and Emergency Nurse Pediatric Coarse, Pediatric Advanced life support, Child Passenger Safety Technician

Member Indiana Injury Prevention Advisory Committee Member Society of Trauma Nurses Member American Trauma Society Member Safe States Coalition Coordinator SafeKids Northwest Indiana

## REFERENCES

Candice Andresen Director Trauma Center Memorial Hospital South Bend

Sheree Tykicki Director Fransician St.Anthony

Travis Thatcher Curtis Director Emergency Room Fransician St.Anthony

## Trauma Coodinator Continuing education

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3. Then list all committee members in column A with their attendance recorded

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Total Number of Trauma Peer	Review Committee meetings	held last year:

Overall Attendance Percentage 100% 29% 57% 43% 43% 71% 57% 14% 14%
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Trauma Peer Review Committee  Member Name Dr. Eric Woo Dr. Brendan Frawley Dr. Mark Mueller Dr. Galouzis Dr. Ryan Plank Dr. Michael Streeter Dr. Tom Brozak Dr. Tom Brozak Dr. Charles Rebesco Dr. Evelyn Santos Dr. Yanzhang Dong Dr. Dan Mc Cormick Dr. Steven Klepak Dr. Hytham Rifia Dr. Sef Farias Jennifer Homan Crystal Vasquez

## **NTDB Validator Report**

Call for Data Year: 2015

Date Range of Records: 01/03/2014 - 12/28/2014

Produced For: 18026

Submission Id: 14031

NTDS Version: 2014.1.2

Channel: 106

FileType: NTDB

File Result: Pass

## Monthly Record Count Summary:

January	February	March	April	May	June	July	August	September	October	November	December	Total
31	28		37		29	31	38	25	27	25	15	327

## P cy Validation Issues:

None

File Based Issues:

None

## File Validation Summary:

	Level 1	Level 2	Level 3	Level 4	Total
Number of Validation Issues	0	0	0	0	0
Number of Records with Validation Issues	0	0	0	0	0
%Records with Validation Issues	0.00%	0.00%	0.00%	0.00%	0.00%

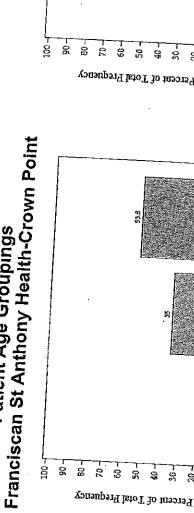
Please refer to the NTDS Data Dictionary for a full description of validation issues.

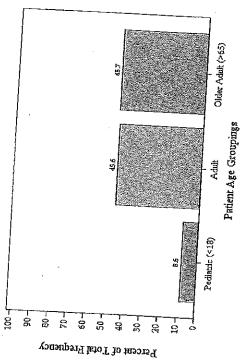
85+ NEVER Trauma Centers: Verified and In Process Level I and II or Verified and In Process Level III as indicated above Public Health Preparedness District 1 854 MEANE 80 Incidents Quarter 1 2015 data from 1/1/2015 - 3/31/2015 0-14 15-24 25-34 35-44 45-54 55-64 65-74 75-84 15-24 25-34 35-44 45-54 55-64 65-74 75-84 Patient Age Indiana Average Patient Age Indiana State Department of Health-Indiana Trauma Registry 9 Percent of Total Frequency ŝ 90 Percent of Total Frequency 7050 Incidents Statewide and 85+ NKANR Franciscan St Anthony Health-Crown Point Franciscan St. Anthony Health-Crown Point 0-14 15-24 28-34 35-44 45-54 55-64 65-74 75-84 25.34 35-44 45-54 55-64 65-74 75-84 Non-Trauma Center Patient Age Patient Age (Years) Patient Age 15-34 ė ģ 30 Percent of Total Frequency ġ Percent of Total Frequency

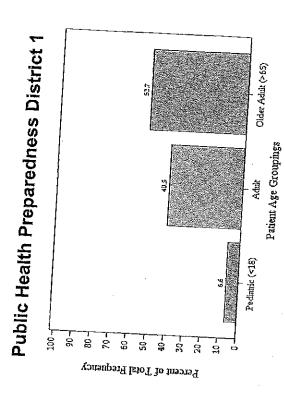
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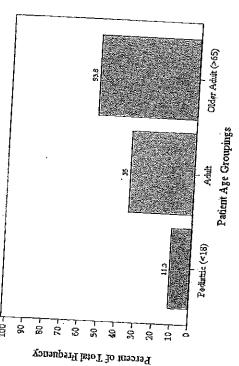
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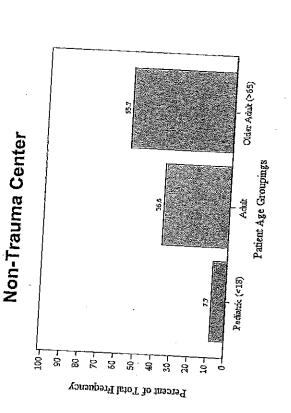
Indiana Average Patient Age Groupings





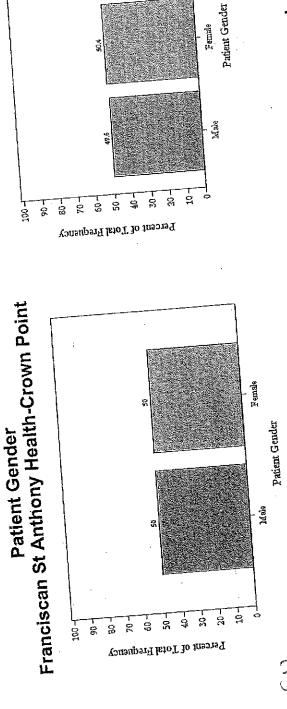






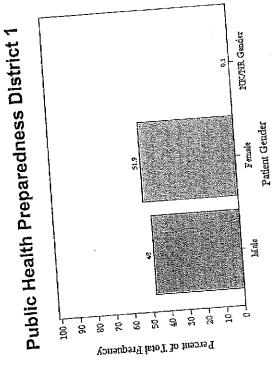
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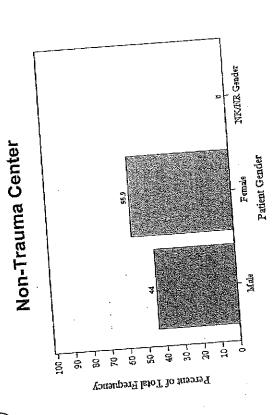




MK/MR Gender

Female



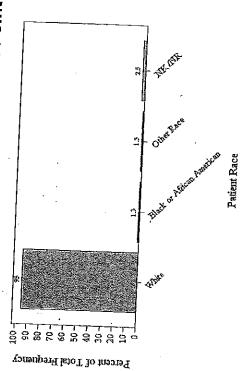


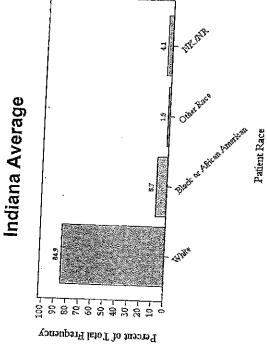
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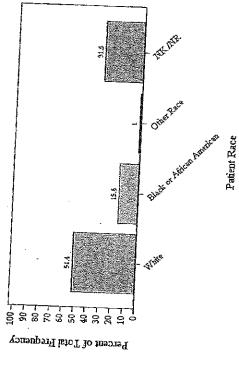
Patient Race

Franciscan St Anthony Health-Crown Point





## Public Health Preparedness District 1



White; Black or African American; Other; NK/NR; American Indiana or Alaska Native; Asian; Native Hawaiian or Other Pacific Islander. If not above, <1% of Race

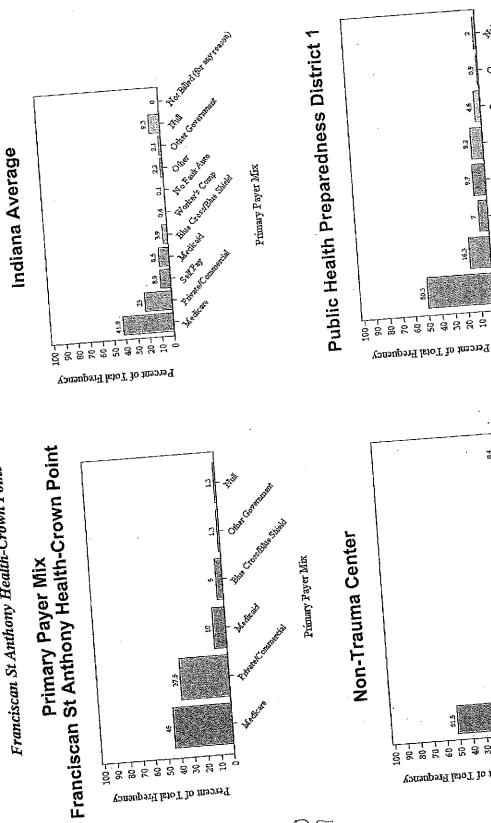
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Non-Trauma Center

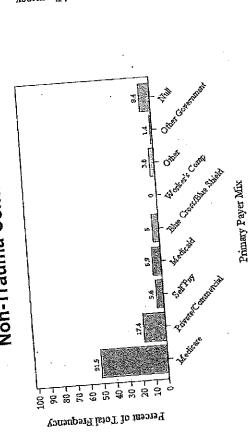
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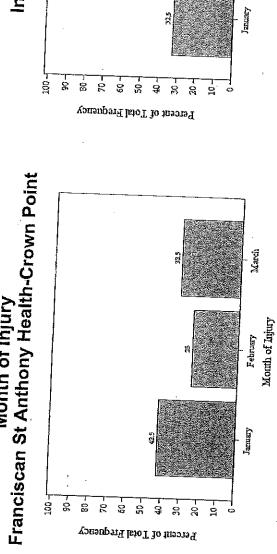
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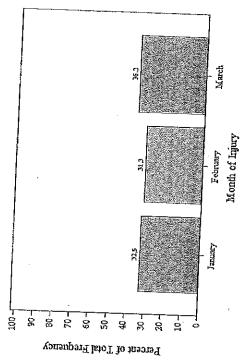


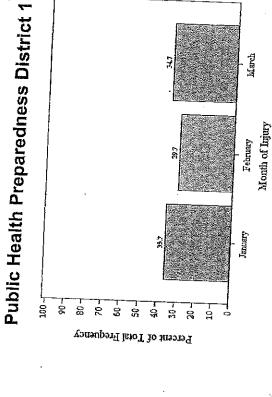
Primary Payer Mix

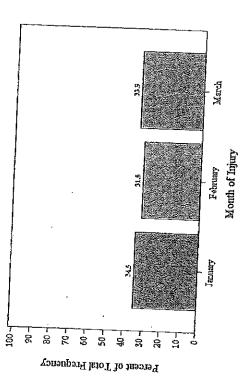
e and 94 Hospitals Reporting 80 Incidents Quarter 1 2015 data from 1/1/2015 - 3/31/2015 Indiana State Department of Health-Indiana Trauma Registry 7050 Incidents Statewide and Franciscan St Anthony Health-Crown Point





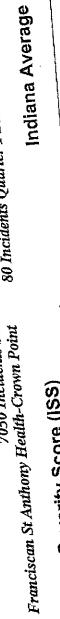


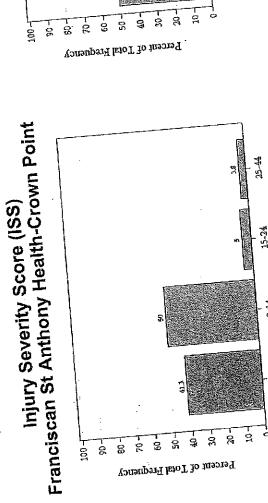


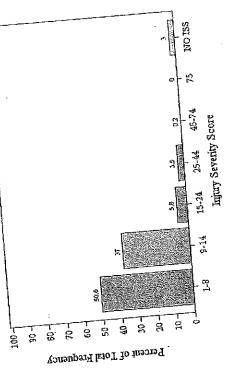


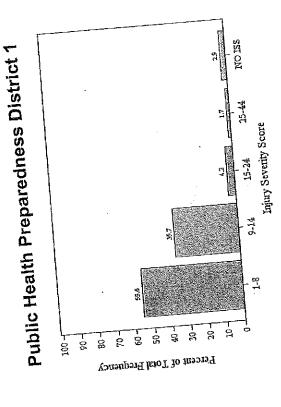
Non-Trauma Center

e and 94 Hospitals Reporting 80 Incidents Quarter 1 2015 data from 1/1/2015 - 3/31/2015 Indiana State Department of Health-Indiana Trauma Registry 7050 Incidents Statewide and





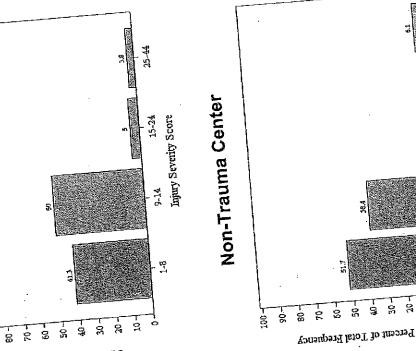




Injury Severity Score

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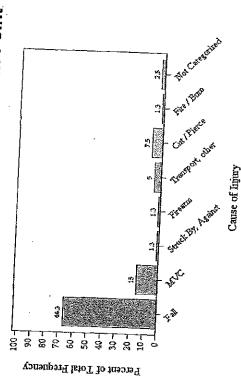
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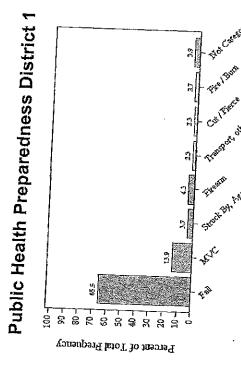
80 Incidents Quarter 1 2015 data from 1/1/2015 - 3/31/2015 Indiana State Department of Health-Indiana Trauma Registry 94 Hospitals Reporting 7050 Incidents Statewide and

Franciscan St Anthony Health-Crown Point Cause of Injury

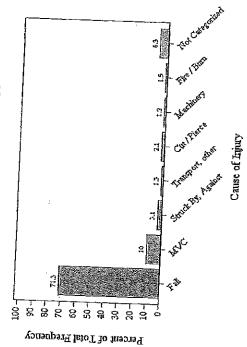
Franciscan St Anthony Health-Crown Point



Indiana Average Cause of Injury 8 8 8 09 ₽ -Percent of Total Frequency



Struck By, Against; Firearm; Transport, other, Not Categorized; Pedestrian, Other; Cut/Pierce; Machinery; Fire/Burn; Bites/Stings; No E-Code; Natural/Environment Cause of Injury

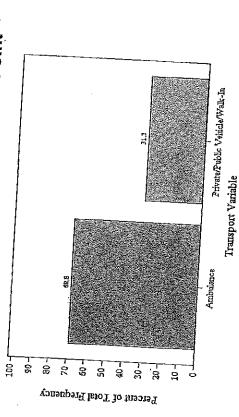


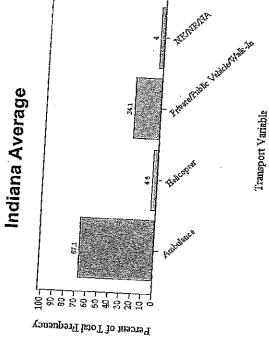
Public Health Preparedness District 1 le and 94 Hospitals Reporting 94 Hospitals Reporting 80 Incidents Quarter 1 2015 data from 1/1/2015 - 3/31/2015 Тгашпа Туре Indiana Average Trampa Type Thermal Penetrating Indiana State Department of Health-Indiana Trauma Registry Penetrating Blut 4 Percent of Total Frequency 100 Percent of Total Prequency 7050 Incidents Statewide and Franciscan St Anthony Health-Crown Point Franciscan St Anthony Health-Crown Point Non-Trauma Center Trauma Type Trauma Type Trauma Type Britis င့် 8 ទ S P Percent of Total Frequency 융 Percent of Total Frequency

e and 94 Hospitals Reporting 80 Incidents Quarter I 2015 data from 1/1/2015 - 3/31/2015 Indiana State Department of Health-Indiana Trauma Registry 7050 Incidents Statewide and Franciscan St Anthony Health-Crown Point

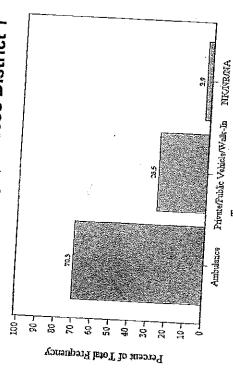
Transport Mode







### Public Health Preparedness District 1



Vehicle, Walk-in. If not above, <1% of Transport Mode. 'Ambulance' represents a general category for ALS or BLS Helicopter, Police; Other, Ambulance; Private/Public Transport Variable

NKINKANYA Private/Public Valdele/Walk-In Transport Variable Ambulance

38

Non-Trauma Center

100-9

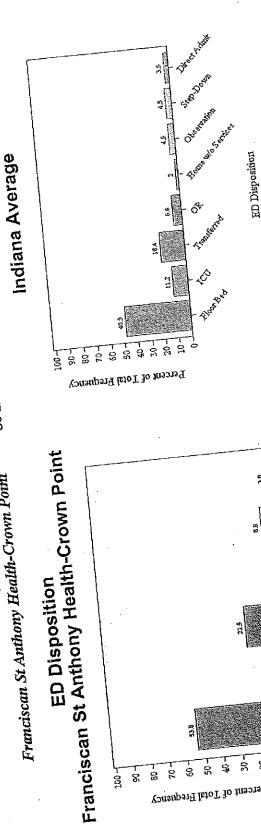
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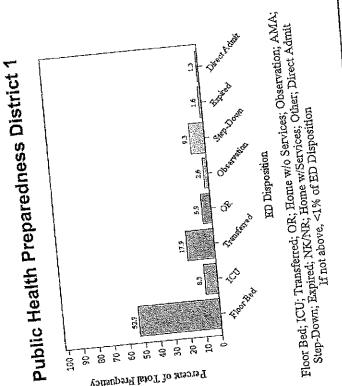
Percent of Total Frequency

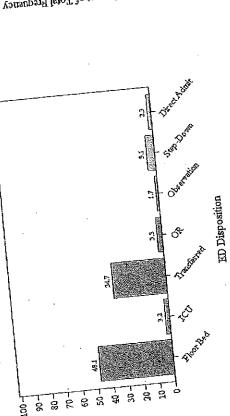
80 Incidents Quarter 1 2015 data from 1/1/2015 - 3/31/2015 Indiana State Department of Health-Indiana Trauma Registry 7050 Incidents Statewide and

Franciscan St Anthony Health-Crown Point

ED Disposition







ED Disposition

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Floor Bed

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Percent of Total Frequency

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Percent of Total Frequency

Indiana State Department of Health-Indiana Trauma Registry 94 Hospitals Reporting 7050 Incidents Statewide and Franciscan St Anthony Health-Crown Point

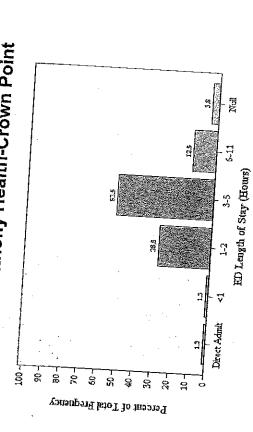
80 Incidents Quarter I 2015 data from 1/1/2015 - 3/31/2015

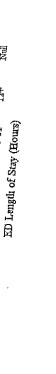
Franciscan St Anthony Health-Crown Point ED Length of Stay (Hours)

Indiana Average

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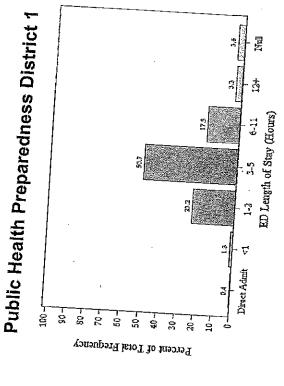


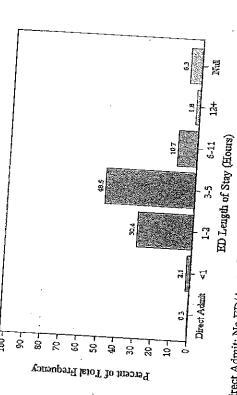
Direct Admit

30 8

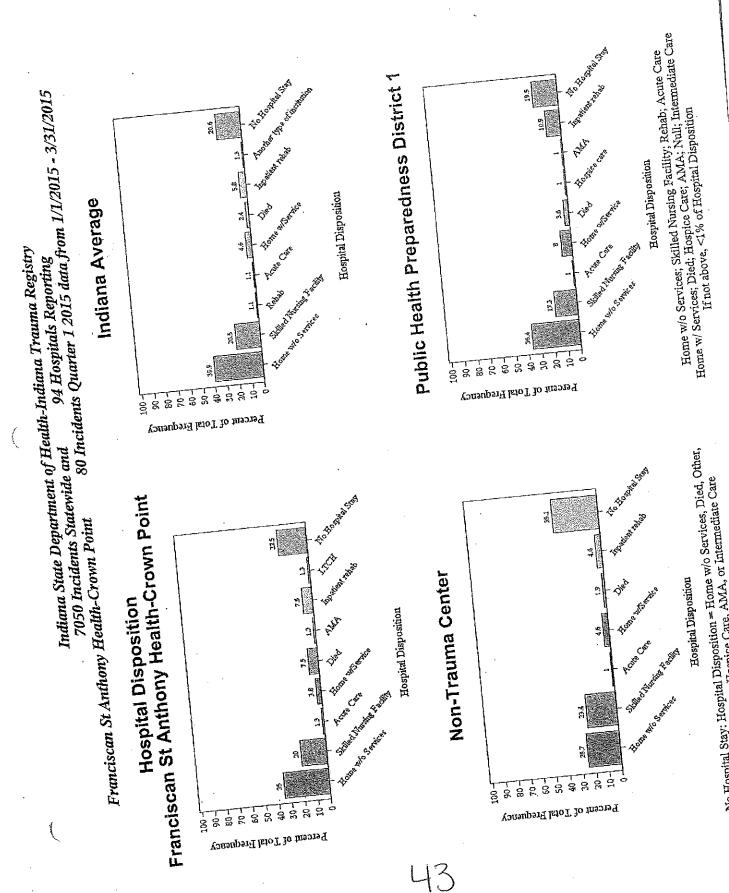
Percent of Total Frequency

30





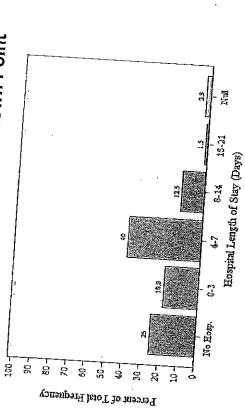
Direct Admit: No ED/Acute Care Discharge Date & Time and ED Dispo = N/ANull: BD/Acute Care Admit Date, Admit Time, Discharge Date, or Discharge Time is blank or NK/NR

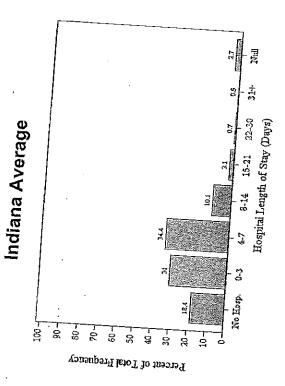


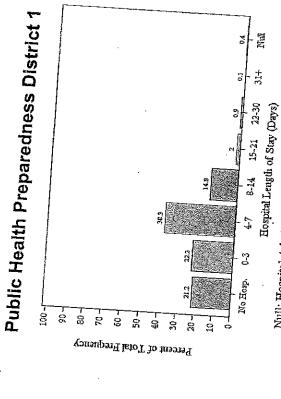
s and 94 Hospitals Reporting 80 Incidents Quarter 1 2015 data from 1/1/2015 - 3/31/2015 Indiana State Department of Health-Indiana Trauma Registry 7050 Incidents Statewide and Franciscan St Anthony Health-Crown Point

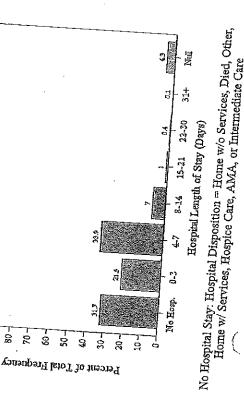
Hospital Length of Stay (Days)

Franciscan St Anthony Health-Crown Point









Home w/ Services, Hospice Care, AMA, or Intermediate Care

Null: Hospital Admit Date, Admit Time, Discharge Date,

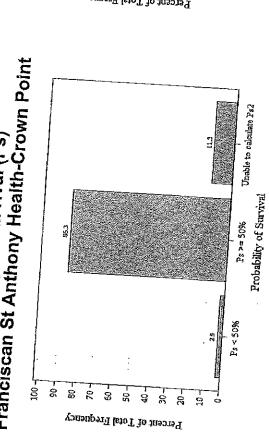
or Discharge Time is blank or NK/NR

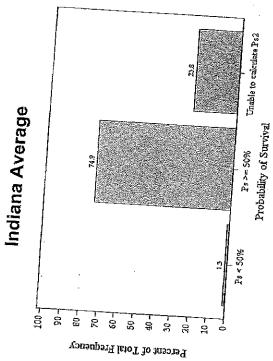
Public Health Preparedness District 1 te and 94 Hospitals Reporting 80 Incidents Quarter 1 2015 data from 1/1/2015 - 3/31/2015 8-14 ICU Length of Stay (Days) ICU Length of Stay (Days) Indiana Average Indiana State Department of Health-Indiana Trauma Registry No ICU Stay No ICO Stay 8 Percent of Total Frequency 20 Percent of Total Frequency 7050 Incidents Statewide and Franciscan St Anthony Health-Crown Point Franciscan St Anthony Health-Crown Point ICU Length of Stay (Days) ICU Length of Stay (Days) Non-Trauma Center ICU Length of Stay (Days) No ICU Stay Percent of Total Frequency Percent of Total Frequency

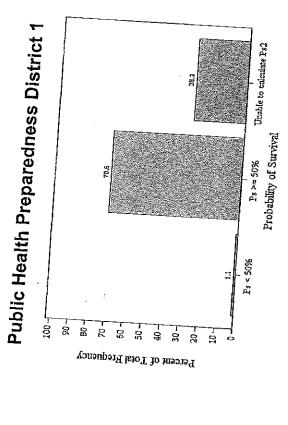
e and 94 Hospitals Reporting 80 Incidents Quarter I 2015 data from 1/1/2015 - 3/31/2015 Indiana State Department of Health-Indiana Trauma Registry 7050 Incidents Statewide and 94 Hospitals Reporting Franciscan St Anthony Health-Crown Point

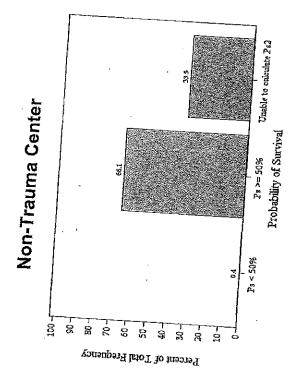
Probabilty of Survival (Ps)

Franciscan St Anthony Health-Crown Point









Indiana State Department of Health-Indiana Trauma Registry 7050 Incidents Statewide and 1050 Incidents Statewide and 12015 data from 1/1/2015 - 3/31/2015 Health-Crown Point

Franciscan St Anthony Health-Crown Point

Average ED Length of Stay(All)- Minutes

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Minutes (Transfers). Minutes	AVA

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	II Trauma III	971.000	198,635	ļ	20.000	21.000	167.000		161.958 133.022	A as Transfer	1
Stay (11a	a Trauma I	163.0	- A	191.727		0 00 21.0				(4.7)	sition is marcare
Average ED Length of Stay (Iralisians)	Average Landiana Trauma I II Trauma 11 0 611.000	Tospire	408.000   2207.00	200	201.333   205.34	ŀ	55.000	18 000 1253.00		104.548 159.45	Transfers: BD Disposition is indicated.
verage ED	-65-154	bs Statistics	XVXX	1	NATAN	T	NIIN W		Z	Crro	١
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e and 94 Hospitals Reporting 80 Incidents Quarter I 2015 data from 1/1/2015 - 3/31/2015 Indiana State Department of Health-Indiana Trauma Registry 7050 Incidents Statewide and Franciscan St Anthony Bealth-Crown Point

Number of Transfers at Franciscan St Anthony Health-Crown Point

Transfers: ED Disposition is indicated as Transfer 1299 Transfers Statewide Obs TRANSFER COUNT I Not-Transferred Transferred Ŋ

ED Length of Stay (hours) by ISS

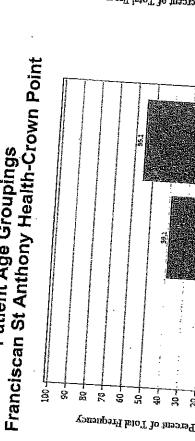
	(100 mm) (100 mm) (100 mm)	District_1	1 0	70.0	4 50	AC.F	3.85	20.0	П	J. U.				•	7 00
	ISS Hospital Indiana Trauma I H Trauma III A	100 Irauma	4.26		4.07		4.18		3.77				-	,	3.92
n	Traima		4.34	70.4	4.00	90 8	4.09		2.95		1.73				4.93
Dol for formann	Trauma I II	700	4.09	3.78		3.48		27.6	0	1 07	70.7	784	#Cin	1 90	200
	Indiana	4.21		3.96		3.67		4.25		1.85	+	2,84		3.97	
	Hospital	3.77	100	5.97	216	07.0	100	7.3		-	-	•	-		
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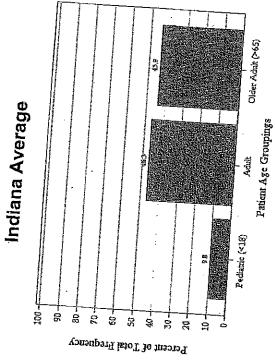
0-14 15-24 25-34 35-44 45-54 55-64 65-74 75-84 85+ NKANR Trauma Centers: Verified and In Process Level I and II or Verified and In Process Level III as indicated above Public Health Preparedness District 1 69 Incidents Quarter 4 2014 data from 10/1/2014 - 12/31/2014 0-14 15-24 25-34 35-44 45-54 55-64 65-74 75-84 85+ NIKANR Patient Age Indiana Average Patient Age Indiana State Department of Health-Indiana Trauma Registry ġ Ġ 5 Percent of Total Frequency 무의 Ė છ Percent of Total Prequency 8052 Incidents Statewide and 0-14 15-24 25-34 35-44 45-54 55-64 65-74 75-84 85+ NKONR Franciscan St Anthony Health-Crown Point Franciscan St Anthony Health-Crown Point 0-14 15-24 25-34 35-44 45-54 55-64 65-74 75-84 Non-Trauma Center Patient Age (Years) Patient Age \$ 읏 1001 S Percent of Total Frequency ç Ġ ŝ Percent of Total Prequency

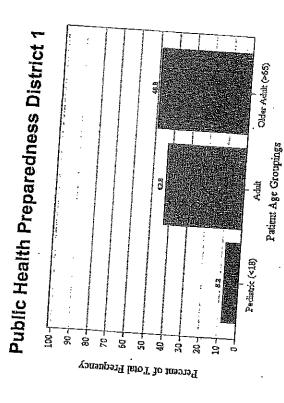
Patient Age

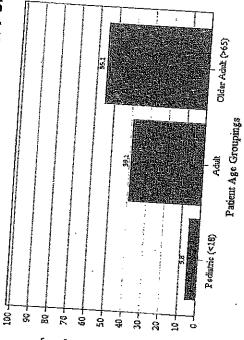
Indiana State Department of Health-Indiana Trauma Registry 96 Hospitals Reporting 8052 Incidents Statewide and Franciscan St. Anthony Health-Crown Point

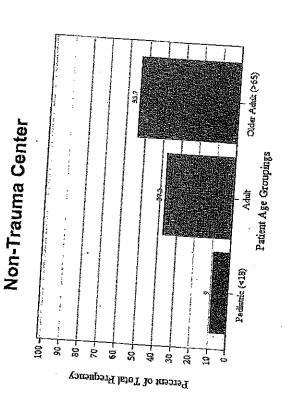
69 Incidents Quarter 4 2014 data from 10/1/2014 - 12/31/2014 Patient Age Groupings











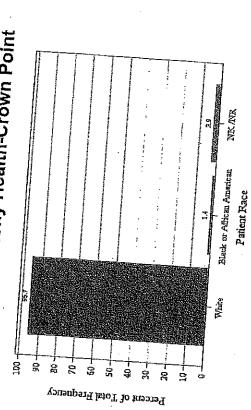


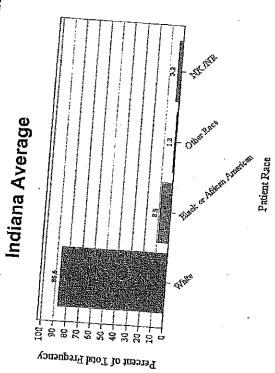
Public Health Preparedness District 1 NKJNR Gender de and 96 Hospitals Reporting 10/1/2014 - 12/31/2014 69 Incidents Quarter 4 2014 data from 10/1/2014 NKANR Gender · Patient Gender Indiana Average Patient Gender Indiana State Department of Health-Indiana Trauma Registry Male Male 1001 8 Percent of Total Prequency 100 T ġ 8 2 8 Percent of Total Frequency 8052 Incidents Statewide and Franciscan St Anthony Health-Crown Point NKANK Gander Franciscan St Anthony Health-Crown Point Female Non-Trauma Center Patient Gender Female Patient Gender patient Gender Male 40.6 ġ 1- 01 01 ģ ģ Percent of Total Frequency 100 ç 8 70 Percent of Total Frequency

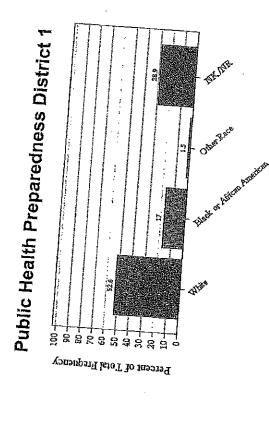
69 Incidents Quarter 4 2014 data from 10/1/2014 - 12/31/2014 Indiana State Department of Health-Indiana Trauma Registry 96 Hospitals Reporting 8052 Incidents Statewide and Franciscan St Anthony Health-Crown Point

Patient Race

Franciscan St Anthony Health-Crown Point









Patient Race

**⇔** 

Percent of Total Frequency

Primary Payer Mix

Primary Payer Mix

ide and 96 Hospitals Reporting 96 Hospitals Reporting 10/1/2014 - 12/31/2014 69 Incidents Quarter 4 2014 data from 10/1/2014 Indiana Average Indiana State Department of Health-Indiana Trauma Registry 8052 Incidents Statewide and

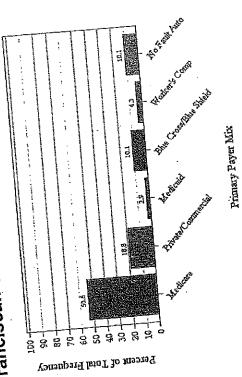
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Franciscan St Anthony Health-Crown Point

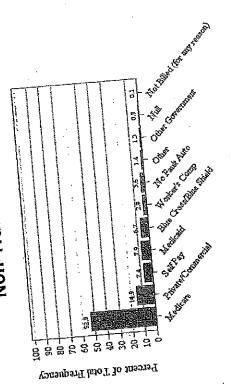
**Primary Payer Mix** 

Franciscan St Anthony Health-Crown Point

Percent of Total Frequency

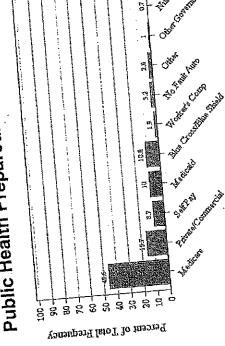


Non-Trauma Center



Public Health Preparedness District 1

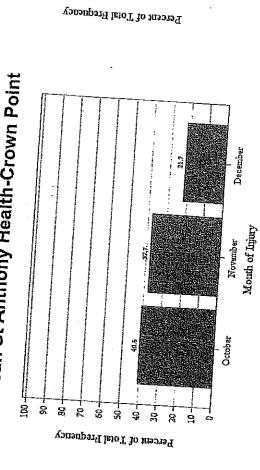
Primary Payer Mix

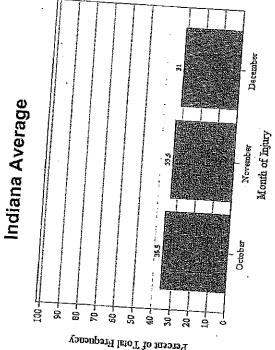


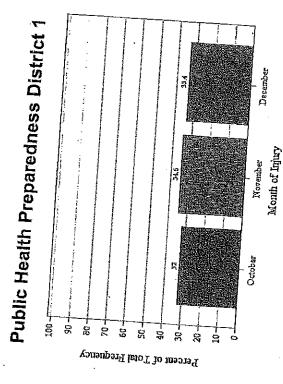
de and 96 Hospitals Reporting 69 Incidents Quarter 4 2014 data from 10/1/2014 - 12/31/2014 Indiana State Department of Health-Indiana Trauma Registry 8052 Incidents Statewide and Franciscan St Anthony Health-Crown Point

Month of Injury

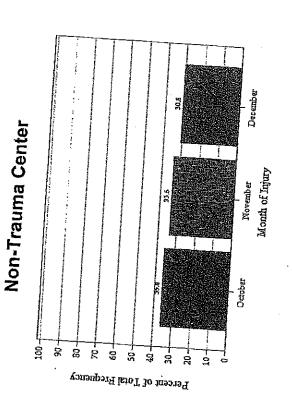
Franciscan St Anthony Health-Crown Point







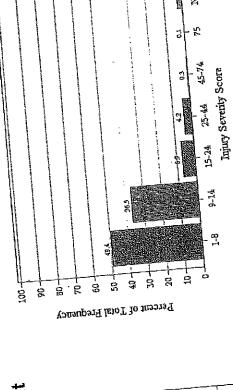
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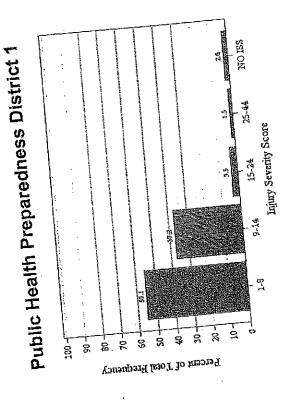


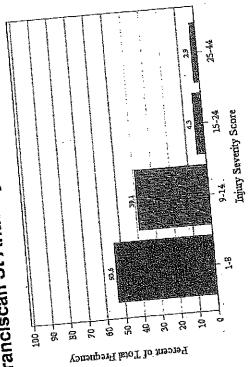
69 Incidents Quarier 4 2014 data from 10/1/2014 - 12/31/2014 Indiana State Department of Health-Indiana Trauma Registry

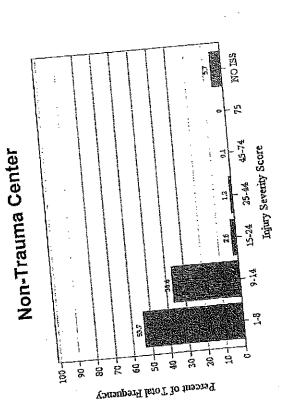
Indiana Average 8052 Incidents Statewide and

ġ Franciscan St Anthony Health-Crown Point Franciscan St Anthony Health-Crown Point Injury Severity Score (ISS)





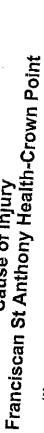


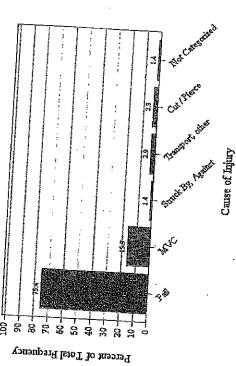


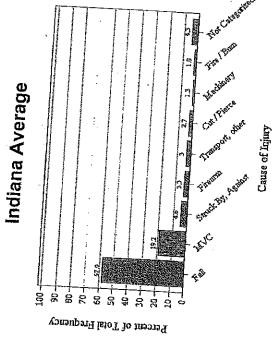
69 Incidents Quarter 4 2014 data from 10/1/2014 - 12/31/2014 Indiana State Department of Health-Indiana Trauma Registry 96 Hospitals Reporting 8052 Incidents Statewide and Franciscan St Anthony Health-Crown Point

90

Cause of Injury







### Public Health Preparedness District 1 30+ 10.4 Percent of Total Frequency

Cut/Pierce, Machinery; Fire/Burn, Bites/Stings; No B-Code, Natural/Environment Struck By, Against, Firearm, Transport, other, Not Categorized, Pedestrian,Other; Rall; MVC; Bicyclist, other; Overexertion. If not above, <1%, of COI Cause of Injury

Non-Trauma Center

Cause of Injury Percent of Total Frequency

69 Incidents Quarter 4 2014 data from 10/1/2014 - 12/31/2014 Indiana State Department of Health-Indiana Trauma Registry 8052 Incidents Statewide and

Indiana Average

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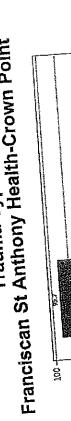
Franciscan St Anthony Health-Crown Point

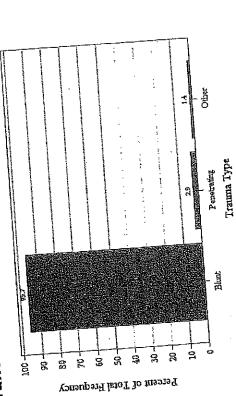
Franciscan St Anthony Health-Crown Point Trauma Type

1007

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Percent of Total Frequency



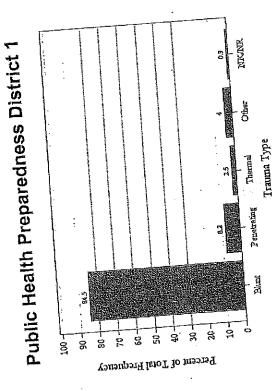


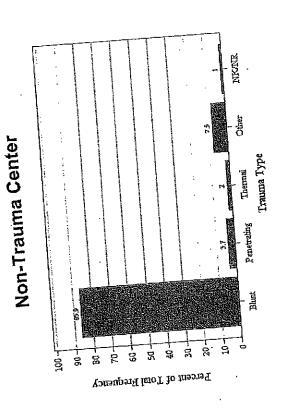
4.0

Trauma Type

Perstrating

Blunt



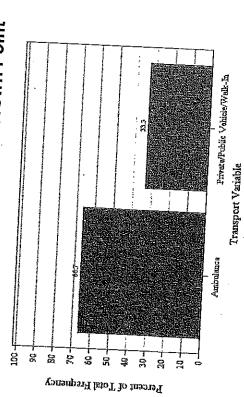


69 Incidents Quarter 4 2014 data from 10/1/2014 - 12/31/2014 Indiana State Department of Health-Indiana Trauma Registry 96 Hospitals Reporting 8052 Incidents Statewide and Franciscan St Anthony Health-Crown Point

Transport Mode



Indiana Average

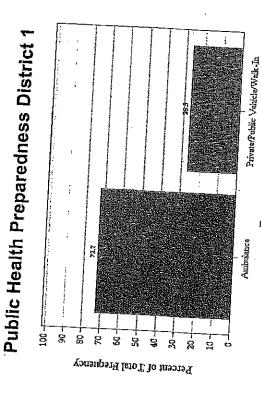


5 8 8 8 8 8 8

Percent of Total Frequency

Transport Variable

stratic Valide Hydrid



Vehicle, Walk-in, If not above, <1% of Transport Mode. 'Ambulance' represents a general category for ALS or BLS Helicopter, Police, Other, Ambulance, Private/Public Transport Variable

(

Private Public Vahicle Walk-in NECARMA Transport Variable Ambulance

> \$ ä 20.

Percent of Total Frequency

ė

de and 96 Hospitals Reporting 96 Hospitals Reporting 69 Incidents Quarter 4 2014 data from 10/1/2014 - 12/31/2014 Indiana State Department of Health-Indiana Trauma Registry 8052 Incidents Statewide and

Franciscan St Anthony Health-Crown Point

Indiana Average

Franciscan St Anthony Health-Crown Point **ED Disposition** 

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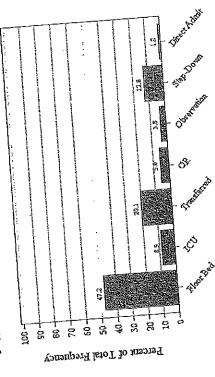
Percent of Total Frequency

8

ED Disposition g Floor Bad Ġ 2 Percent of Total Frequency

Public Health Preparedness District 1

ED Disposition



50

Percent of Total Frequency

Ś Ŕ ġ 8

Floor Bed; ICU; Transferred; OR; Home w/o Services; Observation; AMA; Step-Down; Expired; NK/NR; Home w/Services; Other; Direct Admit Step-Down; Expired; NK/NR; of ED Disposition

ED Disposition

ED Disposition

Non-Trauma Center

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Indiana State Department of Health-Indiana Trauma Registry 96 Hospitals Reporting 8052 Incidents Statewide and Franciscan St Anthony Health-Crown Point

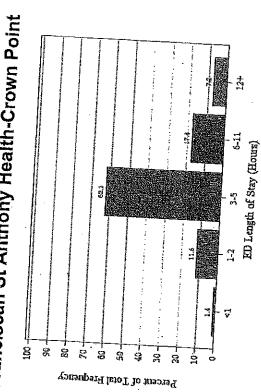
69 Incidents Quarter 4 2014 data from 10/1/2014 - 12/31/2014

ED Length of Stay (Hours) Franciscan St Anthony Health-Crown Point

Indiana Average

100

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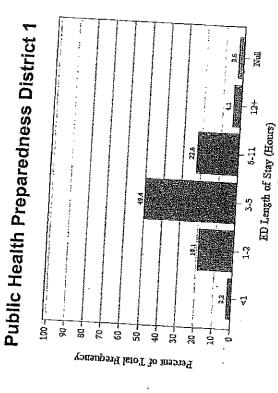
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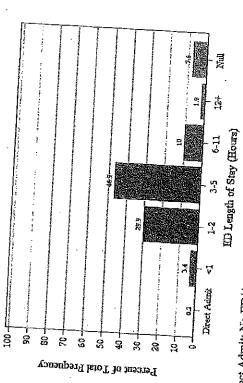
55

Percent of Total Prequency

ED Length of Stay (Hours)

Direct Admit





Direct Admit: No ED/Acute Care Discharge Date & Time and ED Dispo = N/A Null; ED/Acute Care Admit Date, Admit Time, Discharge Date, or Discharge Time is blank or NK/NR

60

69 Incidents Quarier 4 2014 data from 10/1/2014 - 12/31/2014 Indiana State Department of Health-Indiana Trauma Registry 8052 Incidents Statewide and

Indiana Average

Franciscan St Anthony Health-Crown Point

Franciscan St Anthony Health-Crown Point Hospital Disposition

50-60

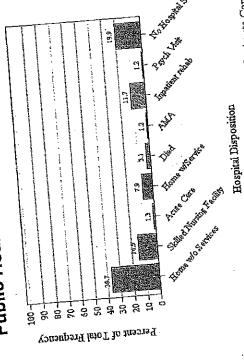
Percent of Total Frequency

8 8

Hospital Disposition 100 80 Percent of Total Prequency

Public Health Preparedness District 1

Hospital Disposition



Percent of Total Prequency

Home w/o Services; Skilled Nursing Facility; Rehab; Acute Care Home w/ Services; Died; Hospice Care; AMA; Null; Intermediate Care If not above, <1% of Hospital Disposition

Hospital Disposition

other, Translat Stay: Hospital Disposition = Home w/o Services, Died, Other,

61

Indiana State Department of Health-Indiana Trauma Registry 8052 Incidents Statewide and Franciscan St Anthony Health-Crown Point

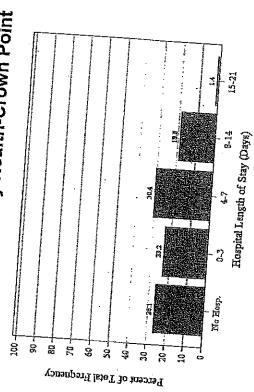
96 Hospitals Reporting

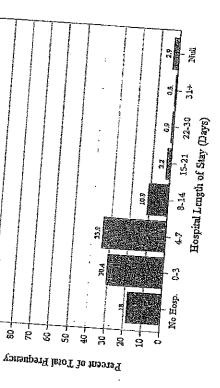
Indiana Average

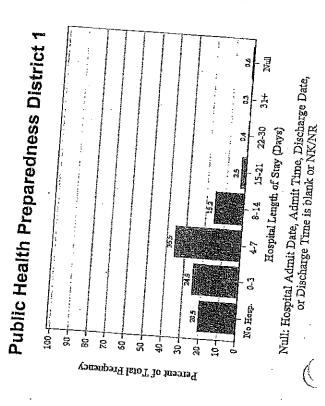
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Franciscan St Anthony Health-Crown Point Hospital Length of Stay (Days)







No Hospital Stay: Hospital Disposition = Home w/o Services, Died, Other, Home w/ Services, Hospice Care, AMA, or Intermediate Care Hospital Length of Stay (Days)

No Hosp.

É

62

Non-Trauma Center

100

8 8

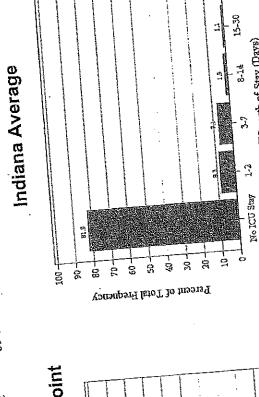
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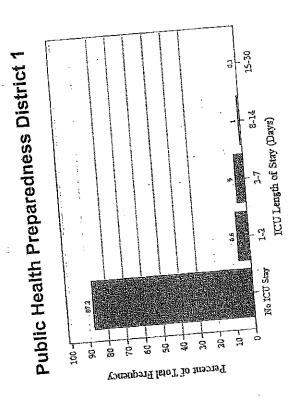
50 Percent of Total Frequency

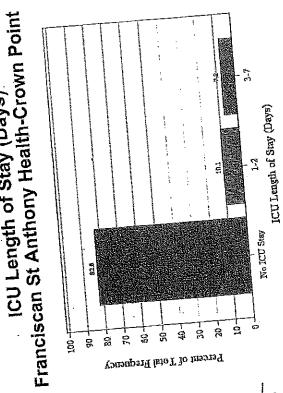
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Franciscan St Anthony Health-Crown Point

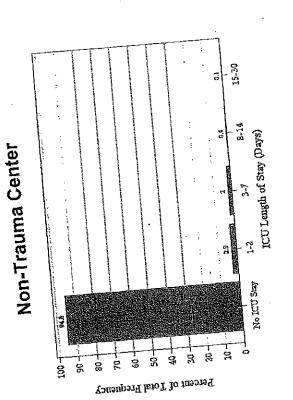
(CU Length of Stay (Days)







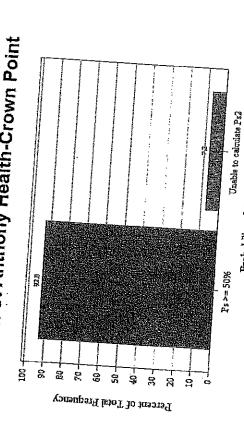
ICU Length of Stay (Days)

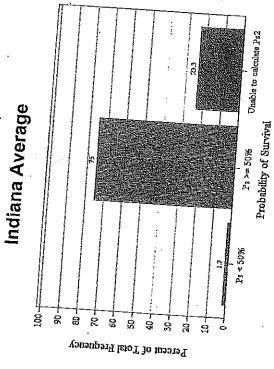


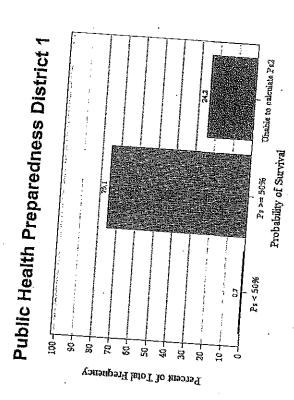
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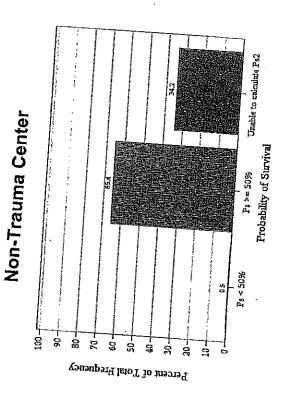
Probabilty of Survival (Ps)

Franciscan St Anthony Health-Crown Point









Probability of Survival

Indiana State Department of Health-Indiana Trauma Registry 8052 Incidents Statewide and 96 Hospitals Reporting ealth-Crown Point 69 Incidents Quarter 4 2014 data from 10/1/2014 - 12/31/2014

Franciscan St Anthony Health-Crown Point

## Average ED Length of Stay(All)- Minutes

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Indiana State Department of Health-Indiana Trauma Registry 8052 Incidents Statewide and Franciscan St Anthony Health-Crown Point

de and 96 Hospitals Reporting 69 Incidents Quarter 4 2014 data from 10/1/2014 - 12/31/2014 Number of Transfers at Franciscan St Anthony Health-Crown Point

Not-Transferred Transferred

Transfers: ED Disposition is indicated as Transfer 1482 Transfers Statewide

ED Length of Stay (hours) by ISS

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	4.19	4.01		3.42		272	7/17	2.1.0	77.77	1 20	C 77.1	1.55	
4.30	1	4.11	2 27		1	2.76		2.38		1.52	-	3.77	
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### Crystal M. Vasquez

**EDUCATION** 

Indiana University Northwest, Gary, IN

A.S. Health Information Technology, May 2012

Dean's List, GPA 3.63/4.0

Ivy Tech Community College, Valparaiso, IN

Dean's List GPA 3.73/4.0 Phi Theta Kappa

**CREDENTIALS** 

Registered Health Information Technologist

American Health Information Management Association, Chicago, IL

**WORK HISTORY** 

11/08 - Present

Franciscan Alliance, Northwest Indiana Region

06/13-Present

St. Margaret Hospital/St. Anthony Medical Center Data Coordinator/Trauma Registrar

Identify trauma patients daily through Epic.

Abstraction of chart information- dx codes and e-codes, patient demographics, EMS information, comorbidities, complications, PI audits and discharge information.

Assign dx and e-codes to chart and enter patient information into Indiana State Department of Health Trauma Registry database for Dyer, Hammond and Crown Point Hospitals.

Maintain registry queries and trauma dashboards for each facility.

PI (based off ACS standards) on trauma patient charts and identify any deficiencies in care or protocols initiate the PI process on charts with loop closure and enter that into registry.

Attend weekly developmental meetings for Trauma Services at Dyer and Crown Point

Attend monthly operational meetings for Trauma Services and present registry information/updates for Dyer and Crown Point Hospitals.

Attend other departmental meetings as necessary for Dyer and Crown Point Hospitals

Maintain materials for our Community Outreach program.

Work closely with Trauma Program Coordinator and Trauma Medical Director to

11/08-06/13

St. Margaret Mercy/Lowell Family Medical Center, Lowell, IN Patient Service Rep/Front Desk

Schedules patient appointments, register patients and input patient information in Epic,

Take initial call from patients for the doctors and field out to M.A.'s and doctors as

Submit prior authorization requests to Medicaid for patient services.

Maintain work flow at the front desk and provide excellent customer service.

Scan documentation into charts in Epic.

Verify coding on encounters to bill insurance companies.

Make appropriate corrections of coding on claims in the claim review and

### Crystal M. Vasquez

05/05 - 11/08

### NWI Times Newspaper, Crown Point, IN Administrative Sales Assistant/Customer Service

- Maintained organization for the auto team and sales manager.
- Maintained sales and entering of used car liners. Customer Service for high-dollar auto sales clients regarding ads and product assistance.
- Complied and created reports and spreadsheets, created presentations for auto team
- Scheduled ads for clients, Handled billing questions/problems/payments for auto clients.
- Inside sales of Obit Memoriam, Classified liners, Celebration and Service directory ads.
- Walk-in customer payments for ads and subscriptions.
- Work special events hosted by the newspaper.

04/04 - 08/05

### Porter Hospital, Valparaiso, IN

All inpatient blood draws including; Intensive care, Pediatric and ER, line draws, port draws, ABG's, met screens glucometer checks, bleeding times, outpatient blood draws, urine tests and data entry.

04/01 - 09/03

### Sawyer College, Merrillville, IN

- Financial Aid Coordinator Helped students with financial problems/questions.
- Set up payment plans, scheduling loan disbursements, refund calculations.
- Maintained student financial files (incoming and current) to meet requirements.
- Data entry and general office duties. Started as receptionist and was promoted.

04/96 - 02/00

### Hosley International, Lynwood, IL Senior Customer Service Rep

- Inside sales (orders, customer requests, product assistance).
- Customer Service (problems, product inquires, statement questions and general account
- Issued, approved and entered all credit memos to customer accounts.
- Researched and approved all shortage claims, file carrier claims.

SKILLS

Epic, CPT coding, ICD 9 CM, ICD 10 CM and PCS, AIS Coding, Chart abstraction, Anatomy and Physiology, Medical Terminology, PI with loop closure, Trauma registry entry and maintenance, MS Word, Excel, PowerPoint, Oral and written communication, Customer service, Inside sales.

REFERENCES AVAILABLE UPON REQUEST

### Franciscan St. Margaret Health Franciscan Alliance

### JOB DESCRIPTION

	1				
	FLSA;	Hourly	Job Title:	Data Coordinator, Trauma Registrar	]
	Position Control #:	3014	Department:	Trauma	
	Effective Date:	April, 2013	Supervisor:	Regional Director, ED Services	
×				Outtioes	!

### GENERAL SUMMARY:

Maintains the trauma registry database through the submission of patient data into the National Trauma Data Bank and other data banks mandated by the State of Indiana and/or the American College of Surgeons. The Data Coordinator, Trauma Registrar works independently and in collaboration with the Trauma Program Manager and Trauma Medical Director, as well as other members of the health care team. The Data Coordinator, Trauma Registrar maintains detailed, reliable, and readily available statistical information for report writing and performance improvement incentives, attends various committees and departmental meeting and complies the meeting minutes, follow up letters, and other essential correspondences. Demonstrates fidelity to the Franciscan Alliance mission; displays a high regard for human life and respects the dignity, uniqueness, worth, and rights of each individual.

### FRANCISCAN COMPETENCIES

- 1.0 RESPECT FOR LIFE. Smiles and is courteous, kind, and enthusiastic in all encounters.

  Respect is shown to patients, visitors and co-workers at all times.

  2.0 FIDELITY TO OUR MISSION.
- FIDELITY TO OUR MISSION. Pride and care are taken in personal appearance thereby presenting oneself in a professional manner. Confidentiality is maintained at all times. Patient
   COMPASSIONATE CONCERN.
- 3.0 <u>COMPASSIONATE CONCERN.</u> As an ambassador of Franciscan Alliance, thinks, talks, and acts in a concerned manner. Proper telephone etiquette is used. Attentive to others needs for direction.
- 4.0 JOYFUL SERVICE. Complaints are owned until resolved. Demonstrates a positive attitude and works towards maintaining high morale. Provides accurate information and makes every characteristics.
   5.0 CHRISTIAN STEWARDSHIP Provided to the provided accurate information and makes every
- 5.0 <u>CHRISTIAN STEWARDSHIP.</u> Responds immediately to hazards, injuries, and equipment failures. Takes pride in the environment. Minimizes waste. Actively participates in effective use of all resources.

### **BEHAVIORAL COMPETENCIES**

- **1.0** ADAPTABILITY: Understands and effectively adjusts to changes in job conditions, assignments, priorities, and schedules. Demonstrates flexibility and willingness to learn. Maintains a positive attitude regarding change.
- 2.0 <u>INTERPERSONAL SKILLS:</u> Verbal expression is clear, positive, and appropriate. Writes clear grammatical thoughts in a legible and understandable manner. Effectively listens to others and rephrases their thoughts. Effectively communicates to the appropriate audience and alters communication style according to the audience. Seeks clarification when necessary.



### Data Coordinator, Trauma Registrar

PAGE 2

- INITIATIVE/LEADERSHIP: Displays ingenuity, self-reliance, resourcefulness, assertiveness, ambition and anticipation of what needs to be done and follows through with assignments. Ability to take needed action without direct instructions. Participates in committees, employee events, 3.0 and activities.
- TEAMWORK AND COOPERATION: Maintains a positive approach, works cooperatively with others, and demonstrates a constructive response to criticism and works with others as a team. 4.0
- QUALITY ASSESSMENT AND EVALUATION: Performs work with regard to quality standards and regulatory compliance. Communicates deviation from standards and regulations 5,0 to appropriate personnel.
- JOB COMMITMENT/DEPENDABILITY/RELIABILITY: Demonstrates commitment to the organization. Recognizes the need to be available and is available when requirements of the job dictate. Promptly and accurately carries out tasks with minimal follow up. 6.0

### TECHNICAL COMPETENCIES

### TRAUMA REGISTRY 1.0

- The maintenance and submission of patient data into the Trauma Registry/National Trauma Data Bank including any regional or state trauma data banks. 1.1
- Responsible for the accurate submission of data. Performs audit reviews to ensure integrity of data. Ensure confidentiality is maintained 1.2
- Data input is concurrent. At minimum 80% of cases must be entered within 60 days of 1.3 discharged.
- Data aggregation to generate quality improvement reports on a monthly, quarterly, and annual basis. Provides customized reports as needed by the Trauma Medical Director 1.4 and Trauma Program Manager.
- Responsible for aggregating data for the Performance Improvement Process. Works closely with key trauma stakeholders as well as hospital quality improvement department. 1.5
- Assists and supports management in operational functions of the Trauma Service miscellaneous correspondence, and trauma related projects. 1.6
- Implements and incorporates adjustments to optimize the data collection and input 1.7 ргосевѕ.
- Attends trauma and hospital appropriate committees and educational conferences related 1.8 to job function

### Data Coordinator, Trauma Registrar

PAGE 3

### 2.0 CLERICAL TASKS

- Coordinates trauma related meetings, takes meeting minutes of the business conducted, and the dissemination of information to key stake holder. Ensures appropriate follow-up with physicians, and administration regarding trauma specific issues. 2.2
- Creates and maintains departmental files in order to make information readily available to the Trauma Program Coordinator and Trauma Medical Director and other core team members. 2.3
- Assists the Trauma Program Managers and Trauma Medical Director with miscellaneous correspondence. Assist with trauma related projects.

### ASSUMES RESPONSIBILITY FOR SELF DEVELOPMENT. 3.0

- Attends 50% and reviews 50% unit meetings. 3.1 3.2
- Complete four (4) hours of registrar training per year
- Attends all mandatory program(s), 3.3
- Meets unit specific educational requirements of the specific area. 3.4
- Meets all health requirements in a timely manner. 3,5

### SUPERVISION EXERCISED:

N/A

### SUPERVISION RECEIVED:

Reports directly to the Regional Director, ED Services. Indirectly to the Trauma Program Managers and

### PHYSICAL REQUIREMENTS:

N/A

0%

Rare Occasional - 5% of the worker's time is spent in the activity

- 10% to 33% of the worker's time is spent in the activity

Frequent

- 34% to 66% of the worker's time is spent in the activity

Constant - 67% to 100% of the worker's time is spent in the activity

The PHYSICAL demand level and degree of strenuous activity ranges from frequently SEDENTARY WORK with a certain amount of sitting, walking, and standing. requirements of this position would pose a significant if not direct threats to the department's operations. Inability to perform physician

### **WORKING CONDITIONS:**

Office environment

# Data Coordinator, Trauma Registrar

PAGE 4

# EDUCATION/CERTIFICATION/FORMAL TRAINING:

High School graduate or equivalent. Certified Trauma Registrar preferred

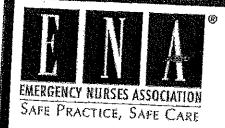
# EXPERIENCE/KNOWLEDGE/SKILLS REQUIRED:

One to two years' experience as an Administrative Assistant 1-2 years registry experience Working ability with all standard office equipment. Medical terminology

This description is intended to indicate the kinds of tasks and levels of work difficulty that will be required of positions that will be given this title and shall not be construed as declaring what the specific duties and responsibilities of any particular position shall be. It is not intended to limit or in any way modify the right of any supervisor to assign, direct and control the work of employees.

# REVIEWED AND APPROVED BY:

Regional Director	Date
President	Date
Human Resources	Date



# This Certifies That



# Crystal Vasquez

has completed

# Course on Injury Scaling: Uses and Techniques

Earning a total of 14.41 Contact Hours

ENA has approved  $\underline{0.00}$  Contact Hours Category of Clinical -  $\underline{0.00}$  meet Pediatric requirements.

ENA has approved 13.66 Contact Hours Category of Trauma.

This continuing nursing education activity was approved by the Emergency Nurses Association, an accredited approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation

Activity Date:

July Online 2014

Activity Code: 130204-IL-C-R1

Activity Coordinator: Janet Price

Activity Location: Online

Provider:

Association for the Advancement of

Automotive Medicine

Co-Provider:

Address:

PO Box 4176

Address:

City/State/Zip:

Barrington, IL 60011-4176

City/State/Zip:

2014 ENA Education Committee Chairperson

Joan S. Eberhardt, BSN, RN, MA, TNS, CCRN, FAEN

(Do not send this certificate to the Board of Nursing. Keep it for your personal files. This certificate must be kept by licensee for a period of six (6) years.)

ENA has approved contact hours for this activity to be issued through 03/31/2015

Please contact the ENA Approver Unit with questions related to contact hours.

ENA Approver Unit via e-mail CNE@ena.org or by phone 847/460-4116

Trauma Registrar

Distance Learning Course Executive Director Ian Weston The MNA is an accredited approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation This activity has been approved for 10 CME Contact Hours The Maryland Nurses Association (MNA) Code Number: LA10-3-1104-11-4 S

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# Trauma Registry Training Agenda

Date: March 2014

Agenda: Hospital Administrator Overview

### lated spice and System Bedground Introduction https://indianatrauma.isdh.in.gov Padent Registry Set up Data Exchange Dashboard Staff Users Hospital Setup Facility Resources Incident Workflow Integrations EMS - Publimaems, 1801, 11, gov sena

#### Modules

- Incidents
- Report Writer Overview
- Help
- Questions

2 Hes 2 CEU'S

2 North Meridian Street Indianapolis, IN 46204

Website: indianatrauma.isdh.in.gov

kgatz@isdh.in.gov



# Monitoring of Tiered Activation System

CROWN POINT 1201 South Main Street Crown Point, IN 46307 PH: 219 738 2100

Franciscan Saint Anthony Health Crown Point is committed to continuous evaluation of the tiered activation system by the Trauma Program Medical director and the Trauma Program Coordinator through our Performance Improvement and Patient Safety (PIPS) program.

Over and under triage are monitored with injury severity scores. Injured patients that did not meet activation criteria will also be monitored. Thorough analysis will be conducted by the Trauma Department PIPS program and changes will be made accordingly to ensure proper triage of the injured patient.

Eric Woo, MD

Date

Trauma Medical Director

Franciscan Alliance St. Anthony Health-Crown Point

Jennifer L. Noman

Date

Trauma Program Coordinator

Franciscan Alliance St. Anthony Health-Crown Point

FranciscanStAnthony.org

MP



8/26/2015

Original: 8/26/2015 Last Reviewed:

8/26/2015 Last Revised: 8/25/2018

Next Review: Responsible Party: Jennifer Homan: Program

Coordinator Trauma

Trauma Policy Area:

References:

Franciscan St. Anthony Applicability:

Health, CP

# Trauma Alert Activation with Surgical Response

# Guideline:

A Trauma activation will be initiated by the Emergency Department for all injured patients that meet established criteria, regardless of mode of arrival, whether from a scene or transferred from a referring hospital. The emergency physician and charge nurse will collaborate to activate the trauma system and to coordinate care of the trauma patient.

# Purpose.

To standardize the procedure for notification of the members of the trauma team of the imminent arrival of a frauma patient.

# Delegation:

ED Nurse, Medic, ED Physician,

# Procedure:

1. The ER HUC/Charge nurse will activate the group trauma page upon the direction of the ER charge nurse or emergency physician utilizing e-notify. The operator will also be notified and the Trauma Alert and level of Alert will be announced overhead.

- A. To activate a Trauma Alert 1 response the HUC/Charge nurse will enter the including level of activation, mechanism of injury, and ETA. Pediatric cases will be defined as Trauma Alert 1 Peds.
- B. To activate a Trauma Alert 2 response the HUC/charge nurse will enter the including level of activation, mechanism and ETA. Pediatric cases will be defined as trauma alert 2 Peds
- C. The HUC/Charge RN will notify surgical specialties upon request of ER MD or Trauma Surgeon.

# 2. TRAUMA ALERT 1 Activation

- A. The Criteria for a Level 1 Trauma Activation are as follows:
  - Confirmed Systolic Blood Pressure < 90 at any time in an adult</li>
  - Age –specific hypotension in children:
    - Birth to 6 months: SBP <60</li>
    - 6 to 12 months: SBP <70</li>

Retrieved 08/31/2015. Official copy at http://fa-fsahcp.policystat.com/policy/1748871/. Copyright © 2015 Franciscan St. Anthony Health, CP

Page 1 of 4

- 1 year to 10 Years: SBP <80
- Adolescent >10: SBP<90
- Respiratory compromise/obstruction and or intubation (excludes intubated patients transferred in who have a stable respiratory status)
- Transferred patients receiving blood to maintain vital signs
- Penetrating wounds to the head neck and or torso(chest /abd /pelvis back) or extremities proximal to the
- GCS≤ 9 with mechanism attributed to Trauma
- Flail chest
- Paralysis(evidence of Spinal cord injury with neurologic deficit)
- Amputation proximal to wrist and ankle
- Tourniquet applied
- Major Burns associated with trauma
- Pelvic Fractures with Hemodynamic instability
- Emergency physicians discretion
- A. A full Trauma team response will occur for all patients meeting the Trauma Alert 1 activation criteria regardless of means of arrival. The Trauma Team for Trauma Alert 1 Activations include:
- Trauma Surgeon
- Emergency Physician
- Trauma Nurse(s) primary, secondary and recorder
- Anestinesiologist (as requested)
- Lab and blood bank personnel
- Respiratory Therapist
- Radiology Technologist/CT Technologist
- Pastoral care
- · OR nurse when in house and available will respond to
- Nursing Director
- Security(as needed)
- ICU Charge RN (as needed)
- A. All in house trauma team members will be present in the ED within 5 minutes of patient arrival to The
- B. The Trauma Surgeon may call in the Operating Room Staff at any time during the activation process. The OR must be available within 30 minutes of all trauma activations requiring surgical intervention.
- C. The on call Trauma Surgeon is expected to be present in the emergency Department within 30 minutes of patient's arrival to ED. Trauma Surgeon will call ED within 5 minutes of receiving page. If no response via phone is received within 5 minutes of activation the ED HUC/Charge Nurse will contact on call Trauma Surgeon via alternate means.
- D. The emergency Physician is in charge until the arrival of the Trauma Surgeon. He or she then participates as a trauma team member under direction of the direction of the Trauma surgeon.
- E. The Emergency Physician may immediately request consultative response in following clinical situations. Penetrating Head Injuries: Consult Neurosurgery Penetrating chest wounds: Contact cardiothoracic



- F. Trauma panel specialists are promptly available for consultation at the discretion of the Trauma surgeon or the Emergency Physician. Specialist include:
  - Anesthesiologist
  - Neurosurgeon
  - Orthopedic Surgeon
- A. Additional trauma support specialists are promptly available for consultation at the discretion of the Trauma Surgeon or Emergency Physician.

# 3. TRAUMA ALERT 2 Activation

- A. The criteria for a Trauma Alert 2 activation are as follows:
  - GCS 10-13 with mechanism attributed to Trauma
  - HR >110(adult) and any evidence of acute injury
  - Age Specific HR in children
    - Birth to 6 months: HR>180
    - 6-12 months HR> 160
    - 1-10 years: HR > 120
    - > 10 Years: HR > 110
  - Penetrating wounds to the head(notify Neurosurgery immediately)

  - Open or depressed Skull fractures(holity Neurosurgeon) Crushell/degloved/mandled extremity injury with neurovascular comprehitse(excluding digital comprehits).
  - Pelvic Fracture
  - Emergency Physician's discretion
  - The Trauma Team for Trauma Alert 2 activations
    - Emergency Physicial
    - Trauma Surgeon
    - Trauma Nurse(s)

    - Respiratory Therapist
    - Radiology Technologist/CT Technician
    - Pastoral Care
    - Nursing Director
    - OR Nurse(when available)
    - A. An upgrade in activation in Activation should be considered for age >65 years with high-risk morbidities, such as bleeding disorders, anticoagulation, HTN, diabetes, MI/angina within last 30 days, cirrhosis
    - B. The Emergency Physician will perform the initial primary and secondary survey.
    - C. The Trauma Surgeon will be present in the ED within 1 hour of activation.

#### 4. Other Resources

- A. The CT Technologist will notify the Radiologist on call for interpretation of CT results.
- B. The Radiology department will be notified of the need for ultrasound and or angiography/interventional radiology. The emergency physician or trauma Surgeon will be available to consult the Radiologist.

- C. Security will be available to respond immediately to the ED to control traffic and crowds or to secure the
- D. Upon Trauma Alert 1 activation the ICU staff shall prepare to receive trauma patients by making the

# **Mass Casualty Incidents**

- A. In the event of more than 3 multiple injured patient, additional personnel will be mobilized as necessary.
- B. For the Purpose of mobilizing Trauma Team, a mass casualty incident will be 3 or more patients with critical injuries. A mass casualty incident can be called at the discretion of the Emergency Physician in charge in consultation with the trauma Surgeon on call and/or the Trauma Medical Director. The ED will activate the Trauma pagers entering Trauma Alert Mass Casualty.
- C. The Hospital Code Yellow plan can be implemented at the discretion of administration.

# Upgrading/Downgrading Trauma Activations

In the event a patient's condition changes, either at the scene or during resuscitation phase, the activation will be upgraded or downgraded. Upgrading/Downgrading is accomplished via a new page. The change in status and time of upgrade/downgrade will be recorded in the medical record.

- 1. Activation of the trauma team for patients who are transferred to Franciscan St. Anthony
- Patients who are transferred from another facility and did not receive a complete exam and diagnostic evaluation will be activated according to Traumaralert activation criteria
- Patients who have been extensively evaluated at another facility and found to have an isplated head
- The Emergency Physician will nearly the Trauma Surgeonion call of the impending transfer to provide
- The emergency Physician will contact the on-call Trauma Surgeon for a Trauma Admission/consult if the patient does not meet activation criteria, however, after merits further evaluation by the Trauma Surgeon.

# References:

American College of Surgeons; Resource for Optimal Care of the Injuries Patient 2006

Center for Disease control. (2012). Guidelines for field triage of injured patients

During the transition to PolicyStat, if you do not see any electronic signatures on this policy, the signatures will be found in the

Attachments:		No Attachments	u III IJie
	VP DLO	Approver Jennifer Homan: Program Coordinator Trauma Janet Doms: Admin Dir Emergency Services Carol Schuster: Chief Nursing Office	<b>Date</b> 8/25/2015 8/25/2015 8/26/2015



# CONTINUING MEDICAL EDUCATION CERTIFICATE American College et Burgeous Division of Education

Has participated in the educational activity titled:

Crown Point, Indiana RTTDC 3rd Edition 9-29-2015

The American College of Surgeons is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The American College of Surgeons designates this live activity for a maximum of 8.25 AMA PRA

Category 1 Credits TM. Physicians should claim only the credit commensurate with the extent of their participation in the activity.



Ajit K. Sachdeva, MD, FRCSC, FACS Director, Division of Education

Total Credits Claimed

# CONTINUING MEDICAL EDUCATION CERTIFICATE American College of Surgeous Division of Education DE. ERIC WAS

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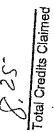
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The American College of Surgeons is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians,

The American College of Surgeons designates this live activity for a maximum of 8.25 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their



Ajit K. Sachdeva, MD, FRCSC, FACS Director, Division of Education





# CONTINUING MEDICAL EDUCATION CERTIFICATE American College of Bally and Division of Education

Has participated in the educational activity titled:

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St. Anthony Michigan City RTTDC 3rd Edition May 15th 2013

The American College of Surgeons is accredited by the Accreditation Council for Continuing Medical

Education to provide continuing medical education for physicians.

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Ajit K. Sachdeva, MD, FRCSC, FACS Director, Division of Education

Total Credits Claimed



The general surgeons, who provide Trauma Care Surgical coverage at Franciscan St. Anthony Health are committed to providing high quality care to the injured patient. This commitment includes a Trauma surgery call list twenty -four (24) hours a day with a response time of thirty (30) minutes or less from the time of patients' arrival to the highest level of trauma alerts. Response times are continuously monitored through both the Trauma Department and the Hospitals' Performance Improvement and Safety Program. This commitment also includes active participation in Quality Improvement and Peer review initiatives through the Trauma Department.

Date

Eric Woo, MD

Trauma Medical Director

Franciscan Alliance St. Anthony Health-Crown Point

Brendan Frawley

General Surgeon



The general surgeons, who provide Trauma Care Surgical coverage at Franciscan St. Anthony Health are committed to providing high quality care to the injured patient. This commitment includes a Trauma surgery call list twenty—four (24) hours a day with a response time of thirty (30) minutes or less from the time of patients' arrival to the highest level of trauma alerts. Response times are continuously monitored through both the Trauma Department and the Hospitals' Performance Improvement and Safety Program. This commitment also includes active participation in Quality Improvement and Peer review initiatives through the Trauma Department.

Eric Woo, MD

Trauma Medical Director

Franciscan Alliance St. Anthony Health-Crown Point

MARK Mueller

Date

General Surgeon





The general surgeons, who provide Trauma Care Surgical coverage at Franciscan St. Anthony Health are committed to providing high quality care to the injured patient. This commitment includes a Trauma surgery call list twenty—four (24) hours a day with a response time of thirty (30) minutes or less from the time of patients' arrival to the highest level of trauma alerts. Response times are continuously monitored through both the level of trauma Department and the Hospitals' Performance Improvement and Safety Program. Trauma Department also includes active participation in Quality Improvement and Peer review initiatives through the Trauma Department.

Eric Woo, MD

Trauma Medical Director

Franciscan Alliance St. Anthony Health-Crown Point

Thomas Galouzis

Date

General Surgeon



The orthopedic surgeons are committed to providing care for the injured patient at Franciscan Saint Anthony Health by ensuring an orthopedic surgeon is on call and promptly available twenty-four (24) hours a day. We are also committed to improving care to the injured patient through involvement in Performance Improvement and Patient Safety committees.

Eric Woo

Date

Trauma Medical Director

Franciscan Alliance St. Anthony Health-Crown Point

Ryan Plank

Orthopedic Surgeon

Date



The orthopedic surgeons are committed to providing care for the injured patient at Franciscan Saint Anthony Health by ensuring an orthopedic surgeon is on call and promptly available twenty-four (24) hours a day. We are also committed to improving care to the injured patient through involvement in Performance Improvement and Patient Safety committees.

10/14/2015

Date

Eric Woo

Trauma Medical Director

Franciscan Alliance St. Anthony Health-Crown Point

John Guzzo

Orthopedic Surgeon



The Neurosurgeon at Franciscan Saint Anthony Health is committed to providing care for the injured patient. The scope of my practice will include traumatic brain injury and spinal injury that is within my comfort level, provided a neurosurgeon is available for call. All other injuries will fall under a predetermined transfer policy. We are also committed to improving care to the injured patient through involvement in Performance Improvement and Patient Safety Committees.

Eric Woo, MD

Date

Date

Trauma Medical Director

Franciscan Alliance St. Anthony Health-Crown Point

Neurosurgical Liaison

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# of Highest Level Activations	rawley MD



September 10, 2015

CROWN POINT 1201 South Main Street Crown Point, IN 46307 PH: 219 738 2100

To Whom it may concern,

Dr. Eric Woo participates in the Emergency Preparedness committee as the trauma surgeon representative.

Rob Dowling

**Emergency Preparedness Chairperson** 

[Paste page two copy here, after the section break.]

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FRANCISCAN ST ANTHONY HEALTH CROWN POINT, IN JULY 2015

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E.D. SPECIALTY CALL ROSTER (ON CALL FROM 8 A.M. UNTIL 8 A.M.)

#### FRANCISCAN ST ANTHONY HEALTH CROWN POINT, IN SEPTEMBER 2015

**GENERAL SURGERY** 

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# FRANCISCAN ST ANTHONY HEALTH CROWN POINT, IN OCTOBER 2015

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Current Status: Active



PolicyStat ID: 1812334

Original: 9/28/2015

Last Reviewed: 9/28/2015

9/28/2015 Next Review: 9/27/2018

Responsible Party: Jennifer Homan: Program

Coordinator Trauma

Policy Area:

Last Revised:

Trauma Policy

References: Applicability:

Franciscan St. Anthony

Health, CP

# Trauma Surgeon Coverage

### POLICY STATEMENT:

To ensure an organized and documented plan is in place to provide routine coverage and levels of backup to meet the needs of trauma patients and other urgent and emergent cases at all times throughout the year, on a 24/7 basis. Furthermore, it is policy to meet the requirements of the American College of Surgeons for Level III Trauma verification as it relates to readiness of facility and physicians to treat trauma victims

# RESPONSIBLE PARTY:

Trauma Medical Director, Trauma and general surgeons

#### **DOCUMENTATION:**

The trauma medical director will provide a monthly trauma call schedule with identified back up call.

# POLICY:

The trauma surgeon on call will be available 24/7 for trauma alert activations. A published trauma call schedule will be submitted by the trauma medical director.

The on-call trauma surgeon will be designated to one facility and be available to respond to all trauma alert activations within-in defined 30 minute response time defined by the American College of Surgeons.

Back up trauma surgery call will be provided by the trauma physician group. Back up call will be provided by a surgeon credentialed to take trauma call and approved in advance by the Trauma Medical Director.

#### REFERENCES:

American College of Surgeons Resources for the optimal care of injured patients, 2014

During the transition to PolicyStat, if you do not see any electronic signatures on this policy, the signatures will be found in the PDF archived version.

ttachments:

No Attachments

Retrieved 09/28/2015. Official copy at http://fa-fsahcp.policystat.com/policy/1812334/. Copyright © 2015 Franciscan St. Anthony Health, CP

Page 1 of 2



		Approver	Date							
	Committee	Jennifer Homan: Program Coordinator Trauma	9/25/2015							
	Trauma Coordinator	Land Dome: Admin Dir Emergency Services	9/20/2010							
	Administrative Director	Carl Schurter Chief Nursing Officer NIR	9/20/2010							
	VP Pt. Care Svcs.	Eric Woo: NonEE - Physician	9/28/2015	- with						
1	VP Pt. Care Svcs.  Trauma Comm. Chair/Trauma Medical Directo	Life Proof.								

Current Status: Active

Franciscan
ALLIANCE

PolicyStat ID: 1812334

Original:

9/28/2015

Last Reviewed:

9/28/2015

Last Revised:

9/28/2015

**Next Review:** 

9/27/2018

Responsible Party: Jennifer Homan: Program

Coordinator Trauma

Policy Area:

Trauma

References:

Policy

Applicability:

Franciscan St. Anthony

Health, CP

# Trauma Surgeon Coverage

# **POLICY STATEMENT:**

To ensure an organized and documented plan is in place to provide routine coverage and levels of backup to meet the needs of trauma patients and other urgent and emergent cases at all times throughout the year, on a 24/7 basis. Furthermore, it is policy to meet the requirements of the American College of Surgeons for Level III Trauma verification as it relates to readiness of facility and physicians to treat trauma victims

# **RESPONSIBLE PARTY:**

Trauma Medical Director, Trauma and general surgeons

# **DOCUMENTATION:**

The trauma medical director will provide a monthly trauma call schedule with identified back up call.

#### POLICY:

The trauma surgeon on call will be available 24/7 for trauma alert activations. A published trauma call schedule will be submitted by the trauma medical director.

The on-call trauma surgeon will be designated to one facility and be available to respond to all trauma alert activations within-in defined 30 minute response time defined by the American College of Surgeons.

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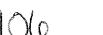
### REFERENCES:

American College of Surgeons Resources for the optimal care of injured patients. 2014

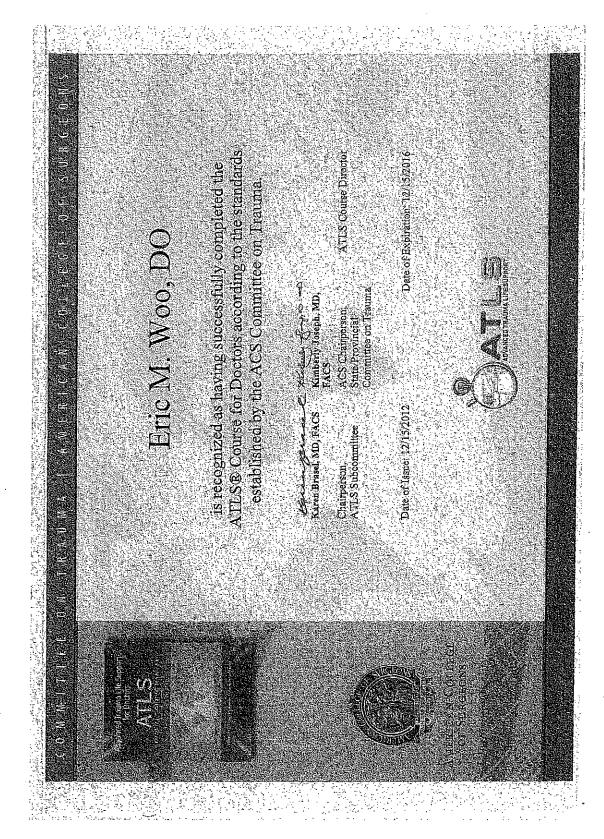
During the transition to PolicyStat, if you do not see any electronic signatures on this policy, the signatures will be found in the PDF archived version.

Attachments:

No Attachments



		Date	
Committee	Approver Coordinator Trauma		
Trauma Coordinator	Jennifer Homan: Program Coordinator Trauma Janet Doms: Admin Dir Emergency Services	9/28/2015	Naturality
Administrative Director	Janet Doms: Admit Dir Emorgenty  Carol Schuster: Chief Nursing Officer NIR	9/28/2015	ghametreer:
	Carol Schusier - Chief	9/28/2015	and district
Trauma Comm. Chair/Trauma Medica	al Director Eric Woo: NonEE - Physician		



### Mark A Mueller

is recognized as having successfully completed the ATLS® Course for Doctors according to the standards established by the ACS Committee on Trauma.

Shorva M. Henry, MD, Facts.

Champerson, ATLS Subcommisses

ACS Chairperson State Provincial Committee on Trauma

Thus of Issue: 04/74/2015



Mark A Moeller

is recognized to having moreovally compared to the emblished by the ACS

ATLS Subcommunica

Sept. 17, 2015

RE: Brendan Frawley, MD.

To Whom it may concern:

May this letter serve as sufficient proof that Brendan Frawley, MD. has participated in an approved Advanced Trauma Life Support Course. Dr. Frawley has completed Course #8233-P on Feb. 22, 1992 at University of Chicago Medical Center, in Chicago, IL. Dr. Frawley's eligibility will expire on Feb. 22, 1996, unless he takes a refresher course. Dr. Frawley will be granted 19 CME credits for his participation in an ATLS course. A 6-month grace period is given after the date of expiration to enhance the reverification Process.

If you have any further questions, please feel free to contact me at the information below. Thank you, for your continued support of the ATLS program of the American College of Surgeons.

Sincerely,

Freddie L. Scruggs
ACS/ATLS Program Office
Regional Program Coordinator
Regions II, IV, V, VIII, XVII, Rural Trauma
American College of Surgeons
633 N. St. Clair St.
Chicago, ILL. 60611

Phone: 312/202-5389 Fax: 312/202-5013

E-mail: FScruggs@facs.org



142 East Ontario Street, Chicago, IL 60611-2864 ph 312 202 8000 1 800 621 1773

February 1, 2008

084171 Eric M. Woo, DO 11535 Settlers Pond Way Apt 1D Orland Park, IL 60467-5265

I am pleased to advise you that the Executive Committee of the Bureau of Osteopathic Specialists of the American Osteopathic Association APPROVED the recommendation of the American Osteopathic Board Dear Dr. Woo: of Surgery to certify you as follows:

Effective Date of Certification - 10/17/2007 through 10/17/2017 Surgery-General; Certificate Number

Your effective date of certification coincides with the date on which you were notified by the American Osteopathic Board of Surgery of completion of all requirements for certification, and is verified by this letter. The American Osteopathic Board of Surgery is presently preparing a certificate: As soon as it has been lettered and signed by the appropriate officers, the secretary of the specialty board will mail it to you.

Congratulations on your accomplishment. If you have any questions about your certificate, please contact the American Osteopathic Board of Surgery at (800) 782-5355.

Sincerely Yours,

Armendo F. Ramirez, CAE, Secretary

AFR/eb cc: Specialty Board Specialty College Division of Certification BOSRef:

AMERICAN BOARD OF ST Incorporated wed .



realed in 1937 for the certification of Surgeons hereby declares that

### Mark Allen Mueller

successfully passed the examination is certified in the specialty of Surgery having saftsfied all the requirements and having

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Philadelphia, Pa.

ISSUED: Manda 22, 2006

VALID UNTIL: Gody 1, 2016

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reated in 1937 for the certification of Surgeons hereby declares that

### Arandan P. Frauley, Nr.

having been previously certiffed, has satisfied all the requirements for recentification and is hereby reatinned as certified in the speciality of Surgery

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A. C. C. C. SEGNETARY -TREASURER

Philadelphia, Pa.

VALID LIVTIL: Glady 12 20177

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### August 2015 (Revised)

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EMERGENCY DEPARTMENT PHYSICIANS SEPTEMBER 2015

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### EMERGENCY DEPARTMENT PHYSICIANS OCTOBER 2015

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	Soard Certification	Type/Expiration

P=Provider)	Expiration Date
pard Certification	Type/Expiration

Name

Jeffery Thompson

Michael Todd

Anil Pillay

Michael Streeter

Example:

Expiration Date	P, 7/31/2011	P,9/21/2008	P,8/30/2019	p, 9/24/2014	p,08/19/2016	P,7/13/2016	P,9/19/2019	P,06/13/1996	P,07/13/2016	P,07/13/2016
Type/Expiration	Emergency Medicine,	AO - Emergency	Emergency	Emergency Medicine,	AO - Emergency	AO -Emergency	AO - Emergency	Emergency Medicine,	AO - Emergency	Emergency Medicine,
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Thomas Brozak

Eric Goldenburg

Charles Asher

Steven Mahon

Ryan Misek

Jeffery Kroll

### Michael Allan Streeter, DO

Date of Birth

**Marital Status** 

Address

Telephone

Mobile

Email

### **Personal Profile**

My primary place of employment is in the ED at Franciscan St. Anthony Health in Crown Point, IN, where I am the Emergency Services Medical Director. I am also the EMS Medical Director for Franciscan St. Anthony Health EMS Academy.

### Relevant Skills

Those skills consistent with an EM trained and boarded physician.

**Employment History** 

July 2012-present: Priority Health and Wellness, Valparaiso, IN Senior managing partner

Sept 2013 – June 2014: IU Health La Porte, LA Porte, IN ER Physician

Nov 2013 –June 2014: Jasper County Hospital, Rensselaer, IN ER Physician

Nov 2012 – November 2015: Terre Haute Regional Hospital, Terre Haute, IN ER Physician

July 2010 - present: Franciscan St. Anthony Health, Crown Point, IN ER Physician. In June of 2014 I was appointed acting medical director as well as comedical EMS director. Also affiliated with Midwestern University EM residency program.

February 2010 - 2012: St. Elizabeth Hospitals, Lafayette, IN ER Physician

January 2009 - present: St. Vincent Jennings Hospital, North Vernon, IN ER Physician

June 2009 to June 2010: Fayette Regional Hospital, Connersville, IN ER Physician

January 2005- July 2010: Paramedic with the Lakes of the Four Seasons Fire Dept.

From 2008-2010: EMS director Lakes of the Four Seasons Fire Department

2000-2002: Paramedic with Newton Co EMS

2000-2006: Paramedic with Crown Point Fire Rescue

1998-2004: Paramedic St. Anthony Medical Center Crown Point, IN

### **Training**

June / 2006 - June / 2010: Midwestern University

I completed a four year emergency medicine residency in June of 2010. I was appointed one of the Chief EM residents. Multiple residency affiliated sites over my four years to include St. James Olympia Fields, St. Margaret's Hospital, Provident Hospital Cook County, and St. Bernard's to name a few.

### Education

August / 2002 - May / 2006: Midwestern University Chicago College of Osteopathic Medicine Graduated from medical school in 2006.

July 1999 - September 2002: Purdue University Calumet

Finished all but my final year of a master's program in microbiology while working as a paramedic and was accepted into medical school prior to fully completing the master's degree.

Sept 1996 to 1998

EMT and Paramedic school/training

August / 1991 - May / 1996: Central Michigan University Graduated from Central Michigan University with a Bachelor's of Science in Biology Sept. 17, 2015

RE: Michael Streeter, MD.

To Whom it may concern:

May this letter serve as sufficient proof that Michael Streeter, MD. has participated in an approved Advanced Trauma Life Support Course. Dr. Streeter has completed Course # 31138-P on July 13, 2007 at Mid Western University Hospital in Downers Grove, IL. Dr. Streeter's eligibility will expire on July 13, 2011, unless he takes a refresher course. Dr. Streeter will be granted 19 CME credits for his participation in an ATLS course. A 6-month grace period is given after the date of expiration to enhance the reverification Process.

If you have any further questions, please feel free to contact me at the information below. Thank you, for your continued support of the ATLS program of the American College of Surgeons.

Sincerely,

Freddie L. Scruggs ACS/ATLS Program Office Regional Program Coordinator Regions II, V, VIII American College of Surgeons 633 N. St. Clair St. Chicago, ILL. 60611 Phone: 312/202-5389

Phone: 312/202-5389 Fax: 312/202-5013

E-mail: FScruggs@facs.org

### Committee on Trauma American College of Surgeons

Jeffrey J. Thompson, MD
is recognized as having successfully completed the ATLS® Course for Doctors according to the standards established by the ACS Committee on Trauma.

Sept. 20-21, 2004 Sept. 21, 2008

Date of Issue

Chairperson, ACS State Provincial

Committee on Trauma

### Michael F Todd, DO

is recognized as having successfully completed the ATLS® Course for Doctors according to the standards established by the ACS Committee on Trauma.

Sharon M. Henry, MD, RACS, Lewis E. Jacobson, MD, Chair FACS

FACS

Chairperson, ATLS Subcommittee.

ACS Chairperson, State/Provincial Committee on Trauma

ATLS Course Director

Date of Issue: 08/30/2015

Date of Expiration: 08/30/2019

Michael F Todd, DO

is recognized as having successfully completed the ATLSW Course for Doctors seconding to the standards established by the AGS Committee on Tradicia.

Issue Date: 08/30/2015

Expiration Date:08/30/2019

Min to the that

Champerson, ATLS Subcommittee

ACS Cliairperson, State/Provincial
Committee on Transpa

CS: 47869-P Course Director

Sept. 17, 2015

RE: Anil Pillay, MD.

To Whom it may concern:

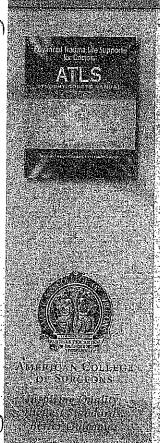
May this letter serve as sufficient proof that Anil Pillay, MD. has participated in an approved Advanced Trauma Life Support Course. Dr. Pillay, has completed Course # approved Advanced Trauma Life Support Course. Dr. Pillay, has completed Course # 36001-P on Sept. 24, 2010 at Grand Rapids Medical Partners in Grand Rapids, MI. Dr. Pillay's eligibility will expire on Sept. 24, 2014, unless he takes a refresher course. Dr Pillay will be granted 19 CME credits for his participation in an ATLS course. A 6-month grace period is given after the date of expiration to enhance the reverification Process.

If you have any further questions, please feel free to contact me at the information below. Thank you, for your continued support of the ATLS program of the American College of Surgeons.

Sincerely,

Freddie L. Scruggs
ACS/ATLS Program Office
Regional Program Coordinator
Regions II, V, VIII
American College of Surgeons
633 N. St. Clair St.
Chicago, ILL. 60611
Phone: 312/202-5389

Fax: 312/202-5013 E-mail: FScruggs@facs.org



### Charles Asher, MD

is recognized as having successfully completed the ATLS® Course for Doctors according to the standards established by the ACS. Committee on Trauma

Karen Brasel, MD, FACS

Chairperson. ATLS Subcommutee

ACS Chairperson State/Provincial Committee on Trauma

ATLS Course/Director

Date of Issue: 08/19/2012

Date of Expiration: 08/19/2016



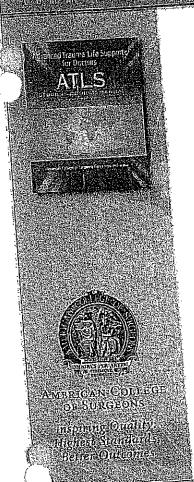
### Charles Asher, MD

is recognized as having successfully completed the ATLS® Course for Dunfort according to the silindards established by the ACS Committee on Tratina.

Issue Date:08/19/2012

Chairperson.

State/Provincial Committee on Transma



### Thomas Brozek, DO

is recognized as having successfully completed the ATLS® Course for Doctors according to the standards established by the ACS Committee on Trauma.

Karen Brasel, MD, FACS

Kimberly Joseph, MD,

Chairperson,

ACS Champerson, State/Provincial Committee on Trauma ATLS Course Director

ATLS Subcommittee

Date of Issue: 07/13/2012

Date of Expiration: 07/13/2016



Thomas Brozek, DO

is recognized as having successfully completed the ATLS® Course for Doctors according to the standards established by the ACS Committee on Trauma.

Issue Date:07/13/2012

Expiration Date:07/13/2016

Gungrasal

Chairperson, ATLS Subcommittee

ACS Chairperson, State/Provincial Committee on Trauma

ATLS Course Director

68: 40427-P

ATLS IDE

### Eric Goldenberg

is recognized as having successfully completed the ATLS® Course for Doctors according to the standards established by the ACS Committee on Trauma.

Sharon M. Henry, MD, FACS, Lewis E. Jacobson, MD, FACS

Chairperson, ATLS Subcommittee

Date of Issue: 09/19/2015

ACS Chairperson, State/Provincial Committee on Trauma

ATLS Course Director

Date of Expiration: 09/19/2019

Etic Caldenberg

is recognized as having successfully completed the ATLS® Course for Doctors according to the standards established by the ACS Committee on Trauma.

Issue Date:09/19/2015

Expiration Date:09/19/2019

- Here to they was

Chairperson, ATLS Subcommittee

ACS Chairperson, State/Provincial Committee on Trauma

CS; 48145-P Course Director

ATLSIC

Sept. 17, 2015

RE: Jeffrey Kroll, MD.

To Whom it may concern:

May this letter serve as sufficient proof that Jeffrey Kroll, MD. has participated in an approved Advanced Trauma Life Support Course. Dr. Kroll, has completed Course # 8238-P/SR on June 13, 1992 at Presby-St. Lukes Hospital in Chicago, IL. 8238-P/SR on June 13, 1996 at Presby-St. Lukes Hospital in Chicago, IL. 8238-P/SR on June 13, 1996, unless he takes a refresher course. Dr. Kroll's eligibility will expire on June 13, 1996, unless he takes a refresher course. Dr. Kroll will be granted 19 CME credits for his participation in an ATLS course. A 6-month grace period is given after the date of expiration to enhance the reverification Process.

If you have any further questions, please feel free to contact me at the information below. Thank you, for your continued support of the ATLS program of the American College of Surgeons.

Sincerely,

Freddie L. Scruggs
ACS/ATLS Program Office
Regional Program Coordinator
Regions II, V, VIII
American College of Surgeons
633 N. St. Clair St.
Chicago, ILL. 60611
Phone: 312/202-5389
Fax: 312/202-5013
E-mail: FScruggs@facs.org

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E.D. SPECIALTY CALL ROSTER FRANCISCAN (ON CALL FROM 8 A.M. UNTIL 8 A.M.)

FRANCISCAN ST ANTHONY HEALTH CROWN POINT, IN JULY 2015

ORTHO (REVISED 07/31/15)

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E.D. SPECIALTY CALL ROSTER (ON CALL FROM 8 A.M. UNTIL 8 A.M.)

FRANCISCAN ST ANTHONY HEALTH CROWN POINT, IN AUGUST 2015

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E.D. SPECIALTY CALL ROSTER (ON CALL FROM 8 A.M. UNTIL 8 A.M.)

FRANCISCAN ST ANTHONY HEALTH CROWN POINT, IN SEPTEMBER 2015

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CROWN POINT 1201 South Main Street Crown Point, IN 46307 PH: 219 738 2100 The orthopedic surgeons are committed to providing care for the injured patient at Franciscan Saint Anthony Health by ensuring an orthopedic surgeon is on call and promptly available twenty-four (24) hours a day. We are also committed to improving care to the injured patient through involvement in Performance Improvement and Patient Safety committees.

Eric Woo

Date

Date

Trauma Medical Director

Franciscan Alliance St. Anthony Health-Crown Point

Ryan Plank
Orthopedic Surgeon

Franciscan Alliance St. Anthony Health-Crown Point

CROWN POINT 1201 South Main Street Crown Point, IN 46307 PH: 219 738 2100 The orthopedic surgeons are committed to providing care for the injured patient at Franciscan Saint Anthony Health by ensuring an orthopedic surgeon is on call and promptly available twenty-four (24) hours a day. We are also committed to improving care to the injured patient through involvement in Performance Improvement and Patient Safety committees.

Eric Wood

Trauma Medical Director

Franciscan Alliance St. Anthony Health-Crown Point

John Guzzo

Orthopedic Surgeon

Franciscan Alliance St. Anthony Health-Crown Point

Date

Attn: Jennifer Homan



CROWN POINT 1201 South Main Street Crown Point; IN 46207 PM 219 738 2100 The orthopedic surgeons are committed to providing care for the injured patient at Franciscan Saint Anthony Health by ensuring an orthopedic surgeon is on call and promptly available twenty-four (24) hours a day. We are also committed to improving care to the injured patient through involvement in Performance Improvement and Patient Safety committees.

Eric Woo

Date

Trauma Medical Director

Franciscen Alliance St. Anthony Health-Crown Point

Paul Gruszka

Date

Orthopedic Surgeon

Franciscan Alliance St. Anthony Health-Crown Point

Current Status: Active



PolicyStat ID: 1812632

Original:

Uniginal: 9/28/2015
Last Reviewed: 9/28/2015

 Last Revised:
 9/28/2015

 Next Review:
 9/27/2018

Responsible Party: Jennifer Homan: Program

Coordinator Trauma

Policy Area:

Trauma

References:

Policy

Applicability:

Franciscan St. Anthony

Health, CP

### Neurosurgical coverage availability

### TITLE: NEUROSURGICAL COVERAGE

**PURPOSE:**To identify a system to facilitate prompt transfer in the event emergent neurosurgical care is needed and neurosurgical coverage is not promptly available.

### POLICY:

- Neurosurgical coverage is provided by a practice that is comprised on one neurosurgeon that provides simultaneous coverage to multiple area hospitals.
- 2. Neurosurgery requests to be consulted on all Neurosurgical cases that present to emergency department.
- In the event Neurosurgical consultation is not immediately available for the patient requiring emergent Neurosurgical intervention the Emergency Physician or Trauma Surgeon may elect to transfer patient to a Level 1 trauma center prior to consulting neurosurgeon.
- 4. Multi- trauma patients with injuries meeting criteria for transfer, may be transferred without consulting Neurosurgery in order to avoid delay in transport.
- 5. Transfer agreeements are in place with the following facilities
  - a. Loyola University (adult and pediatrics)
  - b. IU Methodist
  - c. Riley Children's Hospital
- All Traumatic Brain Injury patients will be treated according to the guidelines established by the Brain Trauma Foundation.
- Response times, Transfer times, outcomes, and adherence to the Brain Trauma Foundation will be monitored by the Trauma Performance Improvement Committee.

### References;

American College of Surgeons Resources for the optimal care of the injured patient. 2014

Brain Trauma Foundation Guidelines, 2007

During the transition to PolicyStat, If you do not see any electronic signatures on this policy, the signatures will be found in the PDF archived version.

Attachments:

No Attachments

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Page 1 of 2

		Date 1	
	Approver		:
Committee	Jennifer Homan: Program Coordinator Trauma	9/25/2015	1
Trauma Coordinator	1 Dome: Admin Dir Emergency Services	8/20/2010	i i
Administrative Director	Carl Cobuster Chief Nursing Officer NIR	912012013	·\$
VP Pt. Care Svcs.	Tela Was: NonEE - Physician	9/28/2015	ch il cha-
VP Pt. Care Svcs.  Trauma Comm. Chair/Trauma Medical Director	EIC WOO. (1812)		

E.D. SPECIALTY CALL ROSTER (ON CALL FROM 8 A.M. UNTIL 8 A.M.)

FRANCISCAN ST ANTHONY HEALTH CROWN POINT, IN JULY 2015

NEUROSURGERY

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E.D. SPECIALTY CALL ROSTER FRAN (ON CALL FROM 8 A.M. UNTIL 8 A.M.)

FRANCISCAN ST ANTHONY HEALTH CROWN POINT, IN AUGUST 2015

NEUROSURGERY

Saturday 1	8 Dr. Rifai	2	22	Dr. Rifai	29		
Friday	7 Dr. Rifai	14	21	Dr. Rifai	28		
Thursday	6 Dr. Rifai	5	20	Dr. Rifai	27		
Wednesday	5 Dr. Rifai	12	07	Dr. Rifai	26		
Tuesday	4 Dr. Rifai	7	2	or. Rifai	25		
Monday	3 Dr. Rifai	10		17 Dr. Rifai	24		31 Dr. Rifai
Sunday	2	S	Dr. Rifai	16	23	Dr. Rifai	30

E.D. SPECIALTY CALL ROSTER (ON CALL FROM 8 A.M. UNTIL 8 A.M.)

FRANCISCAN ST ANTHONY HEALTH CROWN POINT, IN SEPTEMBER 2015

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5.	14 Dr. Rifai	15 Dr. Rifai	16 Dr. Rifai	17 Dr. Rifai	, C	19
20 Dr. Rifai	21	22	. 23	24	25	26 26
27	28 Dr. Rifai	29 Dr. Rifai	30 Dr. Rifai			

E.D. SPECIALTY CALL ROSTER (ON CALL FROM 8 A.M. UNTIL 8 A.M.)

FRANCISCAN ST ANTHONY HEALTH CROWN POINT, IN OCTOBER 2015

News .

NEUROSURGERY

رن ب 24 7 0 Dr. Rifai Dr. Rifai Saturday Dr. Rifai 30 23 16 ග Dr. Rifai Dr. Rifai Dr. Rifai Friday 29 22 5 တ Dr. Rifai Dr. Rifai Thursday Dr. Rifai 28 7 4 Wednesday Dr. Rifaí Dr. Rifai 27 20 <u>რ</u> 9 Dr. Rifai Dr. Rifai Tuesday 26 <del>1</del>0 7 S Dr. Rifai Dr. Rifai Monday 25 9 7 4 Dr. Rifai Dr. Rifai Dr. Rifaî Sunday



The Department of Surgery at Franciscan Alliance St. Anthony Health maintains the necessary equipment to care for the injured patient.

The following equipment is available in OR

CROWN POINT 1201 South Main Street Crown Point, IN 46307 PH: 219 738 2100

- ✓ Bair Hugger (thermal control)
- ✓ Fluid Warmer(thermal control)
- √ Thermacor 1200 Rapid infuser
- $\checkmark$  Equipment for fracture including fracture table
- ✓ Bronchoscopy equipment
- ✓ Endoscopy Equipment
- Craniotomy equipment (including Mayfield headrest, tongs, aneurysm clips, drills and sonopet)
- ✓ Cardiopulmonary bypass equipment
- ✓ Jackson Table
- ✓ C-arm (2)

Eric Woo, MD

Date

Trauma Medical Director

Franciscan Alliance St. Anthony Health-Crown Point

and Mc andle 9-1-15

Carla McArdle

Date

**Director Surgical Services** 

Franciscan Alliance St. Anthony Health-Crown Point

FranciscanStAnthony.org

146



CROWN POINT 1201 South Main Street Crown Point, IN 46307 PH: 219 738 2100 The Neurosurgeon at Franciscan Saint Anthony Health is committed to providing care for the injured patient. The scope of my practice will include traumatic brain injury and spinal injury that is within my comfort level, provided a neurosurgeon is available for call. All other injuries will fall under a predetermined transfer policy. We are also committed to improving care to the injured patient through involvement in Performance Improvement and Patient Safety Committees.

Eric Woo, MD

Date

Date

Trauma Medical Director

Franciscan Alliance St. Anthony Health-Crown Point

Neurosurgical Liaison

Franciscan Alliance St. Anthony Health-Crown Point

#### CURRICULUM VITAE

#### M. HYTHAM RIFAI, M.D.

ADDRESS:

Business:

Neurological & Spinal Surgery, P.C. 200 East 89th Avenue, Suite 3A

Merrillville, Indiana 46410-7319

USA

DATE OF BIRTH:

PLACE OF BIRTH:

CITIZENSHIP:

EDUCATION:

College:

College of Science

Damascus University

Damascus, Syria

OVERSEAS CLERKSHIP:

1978 (8 months)

Newcastle University Affiliated Hospitals

England, U.K.

MEDICINAE DOCTOR (M.D.):

1978

College of Medicine

Damascus University

Damascus, Syria

TRAINING: 197

1978 - 1979

Rotating Internship

Damascus University Hospital

Damascus, Syria

1980 - 1981

Research Fellowship in Cook County Hospital

Hektoen Institute of Research

University of Illinois College of Medicine -

Chicago, Illinois, USA

1981 - 1982

Basic Surgery Resident

University of Illinois at Chicago

Chicago, Illinois, USA

1982 - 1987

Neurosurgery Resident

University of Illinois at Chicago

Chicago, Illinois, USA

1987-Present

Asst Professor of Neurosurgery,

UIC-Chicago

Chicago, Illinois, USA

## Hytham Rifai, M.D.

1987 – Present

Neurological & Spinal Surgery, P.C. 200 East 89th Avenue, Suite 3A

Merrillville, Indiana 46410-7319, USA

MEDICAL LICENSURE:

State Of California #A43014

#036-065255 State of Illinois

#01035906A State of Indiana

Consultant-by Dubai Health Authority License,

CERTIFICATION:

Diplomat of the American Board of

Neurological Surgery

MEMBERSHIPS:

Congress of Neurological Surgeons

National Arab American Medical Society

American Association of Neurological Surgeons

American Back Society

American Board of Neurological Surgery

Walter Dandy Neurosurgical Society Society for Minimal Invasive Spine Surgery

American Medical Association Indiana State Medical Association

Syrian American Medical Association

ACADEMIC AFFILIATIONS:

1980 – Present

University of Illinois

1987 – Present

Indiana University School of Medicine

AWARDS:

Care Awards

University of Illinois at Chicago

Comparative study of micro-epineurial anastomoses with use of CO2 laser RESEARCH PROJECTS: and suture techniques in cats-facial nerves.

PUBLICATIONS:

- Stone, J.L., Rifai, M.H., Sugar, O., Lang, R., Oldershaw, J.B. and Moody, R.A.: Subdural Hematomas: Part I Acute Subdural Hematoma: Progress and Definition, Clinical Pathology and Therapy. Surgical Neurology 15: 216-231, 1983.
- Stone, J.L., Rifai, M.H. and Moody, R.A.: Unusual Case of Penetrating Head Injury with Excellent Recovery. Surgical Neurology 15: 369-371, 2. 1981.

## M. Hytham Rifai, M.D.

3. Cybulski, G., Rifai, M.H.: Posterior C1-C2 Arthrodesis with Halifax Intralaminar Clamps in Cases of Rheumatic and Traumatic C1-C2 Instability. Orthopedic Trans 12: 45-46, 1988

## Continuing Medical Education Credits 2001-2014

Interurban Neurosurgical Society Annual Meeting	March 2001
AANS Managing Coding and Reimbursement Challenges in Neurosurgery	August 2001
Interurban Neurosurgical Society Annual Meeting	March 2002
AANS Annual Meeting AANS Practice Clinic: Microendoscopic Discectomy	04/11/2002
Interurban Neurosurgical Society Annual Meeting	March 2003
Healthstream Adv Tech in Cervical & Thoracolumbar Fusion	03/26/2003
AANS Annual Meeting AANS seminar: Improving your bottom line AANS practice clinic: Neurosurgical case coding AANS practice clinic: Spine Coding	May 2004
Howard University-College of Medicine: Crossroads in Medicine	07/24/2004
Interurban Neurosurgical Society Annual Meeting	March 2005
AANS Practice Clinic: Artificial Cervical Disc AANS: Exhibits Practice Clinic: Medical/Legal Testimony Prep AANS Exhibits/Seminar: Coil vs. Clip AANS annual meeting	April 2005 April 2005 04/18/2005 04/21/2005
X -Stop IPD System with Kyphon	September 2007
AANS Annual Meeting-Practice Clinics: Current & Future Trends in Lumbar Interbody Fusion Hands-on Peripheral Nerve of Upper Extremities	April/May 2008
Transfacet Technology: An Alternative to Pedical Screw Fixation Techniques Strategies for Building Hospital Partnerships CNS Section on Spine CNS Section on Tumors II Plenary Session III	w/ Interbody

## M. Hytham Rifai, M.D.

Socio Economic Session Special Scientific Session I Scientific Session II-Spine & Peripheral Nerve AANS Annual Meeting: Exhibits

Scientific Session II-Spine & Terpret AANS Annual Meeting: Exhibits	November 2008
AxiaLIF Training with Trans1	November 2008
AANS Minimally Invasive Microendoscopic Decompressive Laminotomy for Lumbar Stenosis	November 2008
Society for Minimally Invasive Surgery Annual Meeting	December 2011
X-LIF Training with NuVasive	December 2011
Minimally Invasive Spinal Surgery Meeting Minimally Invasive Spinal Surgery & Navigation:	
Hands on Symposium  Annual Meeting & Seminars:	03/02/2012
Bone Heating, Fusion of Matters in Glioma Surgery & Endence Date	e for Glioma
Surgery, the More, the Boata, Dogma, Discussion Craniectomy for Stroke: Data, Dogma, Discussion Craniectomy for Stroke: Data, Dogma, Discussion Of Moy	jamoya Syndrome
The Role of Revascular Subspecial	emporary
Neurosurgery	1/18-1/21/2013
Dr. Thomas Lowe Spine Symposium: Surgical Management of Spinal Disorders	s 03/06/2013
Regional Advisory Board Meeting: Claims Review Proceeding	
Malformations: Endovascular Technique	10/16/2013
General SAMS Examination (Mar 2012 Update)	11/2/2013
New Perspectives on Spine Surgery	gs 11/6/2013
Regional Advisory Board Meeting: Claims Review Proceedin	11/9/2013
Northern Indiana Education Foundation/Speaker-Stoke Symposium Franciscan St. Margaret Health	2/21/14
K2M's Bioskills Lab-NASS Spin Masters Institute	

American Seminar Institute, Neurology Review Colorado: Focus on Geriatrics Carcinomas of the Central Nervous System Highlights from Neurology Update and Stroke Intensive 2012 Highlights from Recent Advances in Neurology M. Hytham Rifai, M.D. Highlights from the 25th annual Practical Physician's Approach to the Difficult Headache Patient	2/28-3/3/14
3 <sup>rd</sup> Annual Conference on Medicine and Religion Pritzker School of Medicine	3/7-3/9/14
Claims Review Proceedings-RAB	11/12/14
Reimbursement & Documentation Symposium, St. Margaret Health	1/14/15
2015 April SANS Neurosurgery Exam Congress of Neurological Surgeons	4/18/15
5-ALA Fluorescence Guided Surgery for Brain Tumors Congress of Neurological Surgeons	4/28/15

Current Status: Active



PolicyStat ID: 1748884

Original:

9/28/2015

Last Reviewed:

9/28/2015

Last Revised:

9/28/2015

Next Review:

9/27/2018

Responsible Party: Jennifer Homan: Program

Coordinator Trauma

Policy Area:

Trauma

References:

Applicability:

Franciscan St. Anthony

Health, CP

## Trauma Transfer out

## TITLE: Trauma Transfer out PURPOSE:

To identify the guidelines for consideration of transferring a trauma patient from St. Anthony to an appropriate Level 1 Trauma center.

## Guidelines:

The patient will be transferred under the guidelines if EMTALA in the safest and most appropriate manner.

Trauma Transfer Agreements are currently in maintained with the following Level 1 Trauma centers:

- Riley Childrens Hospital
- IU Medical Center Indianapolis
- Loyola Medical Center Adult/Pediatric

Transfers from Franciscan St. Anthony Health will be conducted with the mutual agreement of the transferring and receiving facilities based on transfer agreements.

- No patient will be transferred without direct physician to physician consult. The Trauma Surgeon must be notified prior to any transfer meeting Trauma activation criteria.
- All attempts will be made to ensure patient is hemodynamically stabilized prior to transport. This will
  include operative management needed for control of hemorrhage. Unstable patients may be transferred if
  benefit outweighs the risk only after providing medical treatment within the capacity of the facility in order
  to minimize the risks to the patients' health.
- Every effort will be made to expedite the decision to transfer with in thirty minutes of patient's arrival.
- Once the decision to transfer is made every effort will be made to have patient ready for transport within 2 hours of arrival. Transfer times are monitored through Trauma quality program
- The decision for transfer will be made solely on patients' needs and not the ability to pay.
- Copies of all available records to include imaging, labs and medications, a physician transfer certificate
  and consent for transfer will accompany the patient to the receiving facility.
- Transferring physician should consult with receiving regarding appropriate means of transport.
- Qualified personnel, equipment, and supplies should be made available during transport to meet the need
  of the patient.

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Page 1 of 3



## Procedure:

- A. If a patient is in need of higher level of care that cannot be provided at St. Anthony Trauma Center, the sub-specialist must be consulted via phone. The ER MD and/or Trauma surgeon will arrange for transfer. The following guidelines should be used when deciding to transfer a Trauma Patient to a higher level of care:
- 1. Pediatrics
  - a. Children age 16 or less with significant traumatic injuries
- 2. Burns
  - a. Burn patients requiring specialized tertiary burn care
- 3. Orthopedic
  - a. Complex hand repairs
  - b. Complex pelvic fractures
- 4. Neurosurgical
  - a. Intra-cranial hemorrhage or spinal fractures when no Neurosurgical coverage is available
  - b. Spinal Fractures with spinal cord injury
  - c. Cranial trauma with vascular injury
  - d. Complex craniofacial trauma
- 5. General Surgery
  - a. Limb threatening vascular injuries when no vascular coverage is available
  - b. Carotid or vertebral injury
  - c. Complex multi-trauma at the discretion of the attending Trauma Surgeon
- 6. Cardiothoracic
  - a. Torn thoracic aorta or great vessel
  - b. Cardiothoracic trauma where no cardiothoracic coverage is available
- 7. OB/GYN
  - a. Pregnant patients greater than 20 weeks gestation with significant trauma that requires monitoring for potential intervention.
- All Trauma related transfers out of the facility will be monitored by Trauma Services Performance Improvement and Patient Safety program.
- B. The Trauma Program Coordinator will collaborate with the receiving facility for case reviews and educational opportunities on all transfers

## References:

American College of Surgeons; Resource for Optimal Care of the Injuries Patient 2006

During the transition to PolicyStat, if you do not see any electronic signatures on this policy, the signatures will be found in the PDF archived version.

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Attach	iments:	No Attachments	
	Committee	Approver	Date
Tr	auma Coordinator	Jennifer Homan: Program Coordinator Trauma	8/31/2015
Ac	III. I. C. 194 -	Ignat Dawn Add to Burg	9/24/2015
VF		C1 G 1	9/24/2015
Tra	auma Comm. Chair/Trauma Medical Director	Eric Man, No. 175 PM	9/28/2015



#### PATIENT TRANSFER AGREEMENT BETWEEN FRANCISCAN ST. ANTHONY HEALTH-CROWN POINT AND LOYOLA UNIVERSITY MEDICAL CENTER

THIS AGREEMENT is made and is effective as of this 1st day of July, 2014 by and between LOYOLA UNIVERSITY MEDICAL CENTER, an Illinois not-for-profit corporation located in Maywood, Illinois (hereinafter referred to as "Receiving Hospital") and FRANCISCAN ALLIANCE, INC. d/b/a FRANCISCAN ST. ANTHONY HEALTH-CROWN POINT, an Indiana not-for-profit corporation located in Crown point, Indiana (hereinafter referred to as "Transferring Facility").

WHEREAS, both parties hereto desire to assure continuity of care and treatment appropriate to the needs of medically unstable adult and pediatric patients requiring specialized burn and/or level I trauma center care and treatment not otherwise available at Transferring Facility; and

WHEREAS, both parties will cooperate to achieve this purpose; and

NOW THEREFORE, Receiving Hospital and Transferring Facility hereby covenant and agree as follows:

When Transferring Facility has determined that an adult or pediatric patient is medically unstable, and requires burn and/or level I trauma center stabilizing care and treatment unavailable at Transferring Facility and thereby requires admission to Receiving Hospital, and when a physician of Receiving Hospital accepts the transfer of such Transferring Facility's patient requiring such care and treatment, then Receiving Hospital agrees to admit such a patient as promptly as possible provided transfer and admission requirements are met and adequate staff, equipment, bed space and capacity to provide medically specialized care and treatment for such a patient are available at Receiving Hospital.

The parties hereto agree that the referring physician of Transferring Facility, in consultation with the receiving physician at Receiving Hospital, should determine the method of transport and the appropriate personnel, if any, to accompany a patient during any transfer to Receiving Hospital. Transferring Facility agrees that it will send with each patient at the time of transfer, any transfer form(s) and medical records necessary to ensure continuity of care following transfer.

Transferring Facility understands and agrees, upon Receiving Hospital's request, to accept for return transfer and prompt admission to Transferring Facility, any patient that has been medically stabilized and that has been transferred to Receiving Hospital pursuant to this

Transferring Hospital and Receiving Hospital shall each designate a representative who shall meet as often as necessary to discuss quality improvement measures related to patient stabilization, and/or treatment prior to and subsequent to transfer and patient outcome. The parties agree to reasonably cooperate with each other to oversee performance improvement and patient safety applicable to the activities under this Agreement to the extent permissible under

applicable laws. All information obtained and any materials prepared pursuant to this section and used in the course of internal quality control or for the purpose of reducing morbidity and mortality, or for improving patient care, shall be privileged and strictly confidential for use in the evaluation and improvement of patient care according to 735 ILCS 5/8-2101 et seq., as may be amended from time to time.

The parties hereto acknowledge that they are each "Covered Entities," as that term is defined by the Health Insurance Portability and Accountability Act ("HIPAA"), and each party agrees to comply with all applicable requirements of the HIPAA Privacy and Security Rules and the Standards for Privacy and Security of Individually Identifiable Health Information, 45 C.F.R. Part 160, 162 and 164, Subparts A and E.

The parties hereto acknowledge and agree to comply with applicable federal and state laws and regulations, CMS Conditions of Participation and the standards of the Joint Commission.

Procedures for effecting the transfer of patients and their personal effects and valuables shall be developed and adhered to by both parties. These procedures will include, but are not limited to, the provision of information concerning such valuables, money and personal effects transferred with the patient so that a receipt may be given and received for same.

The parties agree to comply with Title VI of the Civil Rights Act of 1964, all requirements imposed by regulations issued pursuant to that title, section 504 of the Rehabilitation Act of 1973, and all related regulations, to insure that neither party shall discriminate against any recipient of services hereunder on the basis of race, color, sex, creed, national origin, age handicap, under any program or activity receiving Federal financial assistance.

Neither party shall use the name of the other party in any promotional or advertising material unless review and written approval of such intended uses is first obtained from the party whose name is to be used.

The parties hereto agree that charges for care and services performed in connection with this Agreement shall be collected by the party rendering such care and services directly from the patient, third party payor or other sources normally billed by the institution and neither party shall have any liability to the other party for such charges.

Each party acknowledges the non-exclusive nature of this Agreement. It is the parties' intention that the relationship between Receiving Hospital and Transferring Facility be that of independent contractors. The governing body of each shall have exclusive control of policies, management, assets and affairs of its respective institution. Each party will maintain such insurance as will fully protect it from any and all claims of any nature for damage to property or from personal injury including death, made by anyone which may arise from operations carried on by either party under this Agreement.

The term of this Agreement shall begin on the July 1, 2014 and continue through June 30, 2015 ("Initial Term") and shall, thereafter, AUTOMATICALLY RENEW ON AN ANNUAL BASIS (RENEWAL TERM) ABSENT WRITTEN NOTICE OF NON-RENEWAL BY

EITHER PARTY THIRTY (30) DAYS PRIOR TO THE EXPIRATION OF THE INITIAL TERM OR ANY RENEWAL TERM. Either party hereto may terminate this Agreement at any time, without cause upon providing ninety (90) days advance written notice.

This Agreement shall automatically terminate without regard to notice in the event either party hereto: a) ceases to have a valid provider agreement with the Secretary of the Department of Health and Human Services; or b) fails to renew, has suspended or revoked its license or registration issued by the State to operate as an acute care Hospital.

All notices which either party is required to give to the other under or in conjunction with this Agreement shall be in writing, and shall be given by addressing the same to such other party at the address indicated below, and by depositing the same so addressed, certified mail, postage the address indicated below, and by depositing the same personally to such other party. Any prepaid, in the United States mail, or by delivering the same personally to such other party. Any notice mailed or telegraphed shall be deemed to have been given two (2) United States Post Office delivery days following the date of mailing or on the date of delivery to the telegraph company.

Any notice provided to Receiving Hospital shall be directed to:

Wendy S. Leutgens, RN, MSN Chief Operating Officer Loyola University Medical Center 2160 South First Avenue Maywood, Illinois 60153

With copies to:

Vice President and General Counsel Office of the General Counsel Loyola University Medical Center 2160 South First Avenue Maywood, Illinois 60153

Any notice provided to Transferring Facility shall be directed to:

David Ruskowski
President/CEO
1201 South Main Street
Crown Point IN 46307
Email:
Phone:

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		•			
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Neither party to this Agreement may assign any of the rights or obligation under this Agreement without the express written consent of the other party. Any attempt to assign this Agreement without consent shall be void.

Neither Party is under any obligation to refer or transfer patients to the other Party and neither Party will receive any payment for any patient referred or transferred to the other Party. A Party may refer or transfer patients to any facility based on the professional judgment of the treating physician and the individual needs and wishes of the patient.

The Parties acknowledge and agree that, in performing their respective obligations under this Agreement, each is acting as an independent contractor. Transferring Facility and Receiving Hospital are not and shall not be considered joint venturers or partners, and nothing herein shall be construed to authorize either Party to act as general agent for the other. Neither Party, by virtue of this Agreement, assumes any liability for any debts or obligations of either a financial or legal nature incurred by the other Party.

This Agreement shall be interpreted and governed by the substantive and procedural laws of the State of Illinois. The parties hereto both consent to the jurisdiction of Illinois courts to resolve any dispute arising from this Agreement.

This Agreement constitutes the entire understanding between the parties with respect to its subject matter and constitutes and supersedes all prior agreements, representations and understandings of the parties, whether written or oral.

This Agreement may be executed in any number of counterparts, each of which shall be deemed an original, but all such counterparts together shall constitute one and the same instrument.

SIGNATURES ON NEXT PAGE.

IN WITNESS WHEREOF, we the undersigned, duly authorized representatives have executed and delivered this Agreement without reservation and having read the Terms contained herein.

On behalf of:

LOYOLA UNIVERSITY MEDICAL CENTER

Signature:

Wendy S. Leutgens, RN, MSN
Chief Operating Officer

On behalf of:

FRANCISCAN ST. ANTHONY HEALTH-CROWN POINT

Signature:

David Ruskowski President/CEO

Date: 7/17/2014

# TRANSFER AGREEMENT BETWEEN FRANCISCAN ALLIANCE, INC. AND INDIANA UNIVERSITY HEALTH, INC.

THIS AGREEMENT is entered into, by and between Northern Indiana Region of Franciscan Alliance, Inc., an Indiana nonprofit corporation (hereinafter "HOSPITAL"), and Indiana University Health, Inc., an Indiana nonprofit corporation (hereinafter "IU Health").

WHEREAS, HOSPITAL is the owner and operator of the following Franciscan hospital facilities in its Northern Indiana Region: Franciscan St. Anthony Health, 1201 South Main Street, Crown Point, Indiana 46307 and Franciscan St. Margaret Health, 24 Joliet Street, Dyer, IN 46311;

WHEREAS, the IU Health Academic Health Center in Indianapolis, Indiana includes IU Methodist Hospital, Riley Hospital for Children and IU University Hospital, a Level I adult trauma center at IU Methodist Hospital, a Level I pediatric trauma center at Riley Hospital, specialized research and teaching institutions, physician group practices and clinics, and other organizations related to the delivery and management of health care services; and

WHEREAS, HOSPITAL wishes to maintain a written agreement with IU Health for timely transfer of patients, including trauma patients, between their facilities as described above;

NOW THEREFORE, in consideration of the mutual covenants contained herein, the parties agree as follows:

- Autonomy. The parties agree that each shall continue to have the exclusive control of the management, business and properties of their respective facilities, and neither party by virtue of this Agreement assumes any liability for any debts or obligations of the other party to the Agreement.
- Health is determined by medical staff at HOSPITAL to be medically necessary and appropriate, HOSPITAL shall notify IU Health of the proposed transfer request and provide such medical and personal patient information as necessary and appropriate to assist IU Health in evaluating and assuming the medical care of the patient upon patient's arrival. IU Health and HOSPITAL shall develop and adhere to any necessary protocols to facilitate such communication and transfer. HOSPITAL shall give notice to IU Health as far in advance as reasonably possible of a proposed transfer. HOSPITAL shall arrange for transportation of the patient. IU Health shall not be responsible for the notification and the safe transfer of the patient to the applicable IU Health facility except to the extent that IU Health is actually involved in providing the transport service.
- III. <u>Admission Priorities</u>. Admissions to IU Health shall be in accordance with IU Health's general admission policies and procedures and in accordance with IU

Health's Medical Staff Bylaws and Rules and Regulations. IU Health is not required to give priority of admission to patients to be transferred from HOSPITAL over patients from other transferring facilities. IU Health reserves the right to decline acceptance of a HOSPITAL patient transfer if IU Health is on diversion or otherwise does not have appropriate, available resources to treat the patient.

- IV. Medicare Participation. During the term of this Agreement, and any extensions thereof, HOSPITAL and IU Health agree to meet and maintain all necessary Medicare Conditions of Participation and coverage so as to remain approved providers thereunder. HOSPITAL and IU Health shall each be responsible for complying with all applicable federal and state laws.
- Compliance. HOSPITAL and IU Health agree that any services provided under ٧. this Agreement will comply in all material respects with all federal and state mandated regulations, rules or orders applicable to TU Health and/or HOSPITAL, including, but not limited, to regulations promulgated under Title II, Subtitle F of the Health Insurance Portability and Accountability Act (Public Law 104-91) -"HIPAA" and Title XVIII, Part D of the Social Security Act (42 U.S.C. § 1395dd) - "EMTALA". Furthermore, HOSPITAL and IU Health shall promptly amend the Agreement to conform with any new or revised legislation, rules and regulations to which HOSPITAL and/or IU Health is subject now or in the future including, without limitation, the Standards of Privacy of Individually Identifiable Health Information or similar legislation (collectively, "Laws") in order to ensure that HOSPITAL and IU Health are at all times in conformance with all Laws. If, within ninety (90) days of either party first providing notice to the other of the need to amend the Agreement to comply with Laws, the parties acting in good faith, are (i) unable to mutually agree upon and make amendments or alterations to this Agreement to meet the requirements in question, or (ii) alternatively, the parties determine in good faith that amendments or alterations to the requirements are not feasible, then either party may terminate this Agreement immediately.
- VI. Interchange of Information and Medical Records. HOSPITAL and IU Health agree to transfer medical and other information and medical records which may be necessary or useful in the care and treatment of patients transferred hereunder as required and permitted by all applicable federal and state laws. Such information shall be provided by HOSPITAL and IU Health in advance, when possible, and where permitted by applicable law. HOSPITAL shall commit to subscribing to a spoke connection to the IU Health Radiology Cloud in order to enhance the timely transmission and reading of diagnostic images at IU Health for transferred patients, particularly trauma patients.
- VII. Consent to Medical Treatment. To the extent available, HOSPITAL agrees to provide IU Health with information and assistance, which may be needed by, or helpful to, IU Health in securing consent for medical treatment for the patient.

- VIII. Transfer of Personal Effects and Valuables. Procedures for effecting the transfer of personal effects and valuables of patients shall be developed by the parties and subject to the instructions of the attending physician and of the patient and his or her family where appropriate. A standard form shall be adopted and used for documenting the transfer of the patient's personal effects and valuables. HOSPITAL shall be responsible for all personal effects and valuables until such time as possession is accepted by IU Health.
- IX. Financial Arrangements. Each party shall each be responsible for billing and collecting for the services which it provides to the patient transferred hereunder from the patient, third party payor or other sources normally billed by each institution. Neither party shall assume any liability by virtue of this Agreement for any debts or other obligations incurred by the other party to this Agreement.
- X. Return Transfer of Patients. HOSPITAL will accept transferred patients back from IU Health when medically appropriate and in the best interests of the patient.
- XI. Professional and General Liability Coverage. Throughout the term of this Agreement and for any extension(s) thereof, HOSPITAL and IU Health shall each maintain professional and general liability insurance coverage with limits reasonably acceptable to the other party. Each party shall provide the other party with proof of such coverage upon request. HOSPITAL and IU Health shall each maintain qualification as a qualified health care provider under the Indiana Medical Malpractice Act, as amended from time to time, including, but not limited to, proof of financial responsibility and payment of surcharge assessed on all health care providers. Each party shall provide the other party with proof of such qualification upon request.

#### XII. Indemnification.

- 12.1. HOSPITAL Indemnification. HOSPITAL agrees that it will indemnify and hold harmless IU Health, its officers, agents, and employees from any loss, cost, damage, expense, attorney's fees, and liability by reason of bodily injury, property damage, or both of whatsoever nature or kind, arising out of or as a result of the sole negligent act or negligent failure to act of HOSPITAL or any of its agents or employees.
- 12.2. IU Health Indemnification. IU Health agrees that it will indemnify and hold harmless HOSPITAL, its officers, agents, and employees from any loss, cost, damage, expense, attorney's fees, and liability by reason of personal injury or property damage of whatsoever nature or kind, arising out of or as a result of the sole negligent act or failure to act of IU Health or any of its employees or agents.

#### XIII. Term and Termination.

13.1. Term. The term of this Agreement is for a period of one (1) year from the date hereof, with an automatic renewal of successive one (1) year periods

unless on or before sixty (60) calendar days prior to the expiration of the annual term, one party notifies the other, in writing, that the Agreement is not to be renewed, in which event the Agreement will be terminated at the expiration of the then current annual term.

#### 13.2. Termination.

- 13.2-1 Either party may terminate this Agreement with or without cause at any time by providing written notice to the other party at least sixty (60) days in advance of the desired termination date.
- 13.2-2 The Agreement shall terminate immediately and automatically if (i) either IU Health or HOSPITAL has any license revoked, suspended, or nonrenewed; or (ii) either party's agreement with the Secretary of Health and Human Services under the Medicare Act is terminated.
- 13.2-3 Except as provided for elsewhere in this Agreement, either party may declare this Agreement terminated if the other party does not cure a default or breach of this Agreement within thirty (30) calendar days after receipt by the breaching party of written notice thereof from the other party.
- XIV. <u>Notices</u>. Notices or communication herein required or permitted shall be given the respective parties by registered or certified mail, documented courier service delivery or by hand delivery at the following addresses unless either party shall otherwise designate its new address by written notice:

#### HOSPITAL

Franciscan Health Alliance, Inc.
Franciscan St Anthony Health – Crown
Point
1201 Couth Main Street
Crown Point, IN 46307
Franciscan St. Margaret Health- Dyer
24 Joliet Street
Dyer IN, 46311

Attention: President/CEO

#### IU Health

Indiana University Health, Inc. 340 West 10<sup>th</sup> Street, Suite 6100 Indianapolis, IN 46206-1367

Attention:

President/CEO
General Counsel

XV. <u>Assignment</u>. Assignments of this Agreement or the rights or obligations hereunder shall be invalid without the specific written consent of the other party herein.

- XVI. <u>Nonexclusive Clause</u>. This is not an exclusive Agreement and either party may contract with other institutions for the transfer of patients while this Agreement is in effect.
- XVII. Governing Law. This Agreement shall be construed and governed by the laws of the State of Indiana. The venue for any disputes arising out of this Agreement shall be Marion County, Indiana.
- XVIII. Waiver. The failure of either party to insist in any one or more instance upon the strict performance of any of the terms or provisions of this Agreement by the other party shall not be construed as a waiver or relinquishment for the future of any such term or provision, but the same shall continue in full force and effect.
- XIX. Severability. If any provision of this Agreement is held by a court of competent jurisdiction to be unenforceable, invalid or illegal, such unenforceability, invalidity or illegality shall not affect any other provision hereof, and this Agreement shall be construed as if such provision had never been contained herein.
- XX Section and Other Headings. The article and other headings contained in this Agreement are for reference purposes only and shall not affect in any way the meaning or interpretation of this Agreement.
- XXI. <u>Amendments</u>. This Agreement may be amended only by an instrument in writing signed by the parties hereto.
- XXII. Entire Agreement. This Agreement is the entire Agreement between the parties and may be amended or modified only by a written amendment hereto duly executed by both parties.
- XXIII. Execution. This Agreement and any amendments thereto shall be executed in duplicate copies on behalf of HOSPITAL and IU Health by an official of each, specifically authorized by its respective Board to perform such executions. Each duplicate copy shall be deemed an original, but both duplicate originals together constitute one and the same instrument.

IN WITNESS	WHEREOF, the duly author	ized of	Firers and w		P. V. I. O. 1777	
IU Health have	executed this Agreement the	Λο	neers and r	cpresentatives	of HOSPITAL	. and
	this Thereenion ale	018	_day or	Sully	, 2014.	

HOSPITAL:

FRANCISCAN ALLIANCE, INC. NORTHER<u>N INDIANA</u> REGION

Title: Dave Ruskowski, St. Anthony Health

Crown Point

AND

By: LGM J.C.
Title: Tom Gryzbel President, St Margaret
Health Dyer

IU HEALTH:

INDIANA UNIVERSITY HEALTH, INC.

By: Leffrey Sperring, M.D.

President, IU Health Methodist, Riley and

University Hospitals



The Department of Surgery at Franciscan Alliance St. Anthony Health maintains the necessary equipment to care for the injured patient.

The following equipment is available in OR

CROWN POINT 1201 South Main Street Crown Point, IN 46307 PH: 219 738 2100

- ✓ Bair Hugger (thermal control)
- √ Fluid Warmer(thermal control)
- √ Thermacor 1200 Rapid infuser
- $\checkmark$  Equipment for fracture including fracture table
- ✓ Bronchoscopy equipment
- ✓ Endoscopy Equipment
- ✓ Craniotomy equipment (including Mayfield headrest, tongs, aneurysm clips, drills) and sonopet)
- Cardiopulmonary bypass equipment
- ✓ Jackson Table
- C-arm (2)

Eric Woo, MD

Date

Trauma Medical Director

Franciscan Alliance St. Anthony Health-Crown Point

ankelycardel 9-1-15

Carla McArdle

Date

**Director Surgical Services** 

Franciscan Alliance St. Anthony Health-Crown Point

FranciscanStAnthony.org

#### Franciscan St. Anthony Health

Crown Point, Indiana 46307-8483

Policy Type: Nursing	Title: Call, Assignment Of		
Effective Date: 5/1/88	Dates of Revisions: 10-97; 10-04; 2-05; 9-19-05; 12/12/13	7-20-06; 2-21-07; 06-14-07; 2/1/11	; 10/15/12; 5/29/13;
Page 1 of 3	Reviewed:	Department: Surgery	X Policy Procedure

#### POLICY STATEMENT:

The operating room will be covered for emergencies 24 hours a day, seven days a week. Various surgical teams are on call to provide quality nursing care. All members of the surgical team taking call must arrive within 30 minutes of being called.

#### **KEY POINTS:**

- 1. Continuous coverage for the OR is provided by OR staff on an "on-call" basis for emergency cases after normal operating hours including weekends and holidays, and from 2200 hours to 0700 on weekdays.
  - a. Weekday hours will be 1515 until 0638 the following morning for call 1, Call 2, and open heart call.
  - b. Call 1 works scheduled 0645 till1515 on Saturday. Call hours start at 1515 Saturday till 0638 Monday. Call 2 and open heart weekend coverage is 0700 Saturday till 0638 Monday.
  - c. Holiday hours will be 0700 hours on the holiday until 0645 or 0700 for the following day. This includes two (2) general call teams and one open heart team including two (2) technicians and 1 (1) RN. Call 1 RN may be utilized as second circulator for emergent open hearts/AAA. Christmas Eve and New Year's Eve call begins at 1500 and ends at 0700 the following am.
  - d. Call coverage may be altered for the benefit of patient safety with approval of the Director/Nurse Manager.
- 2. The person on call must be available within 30 minutes (if not, provisions must be made such as staying overnight at the hospital.) Provisions must be made for unusual circumstances (i.e., inclement weather, but not limited to inclement weather.)
- 3. The person on call is responsible to find coverage when not available to respond within 30 minutes.
- 4. All registered nurses and surgical technician staff, whether full or part-time, will be required to take "call". You may be responsible for obtaining coverage of your assigned

Title: Call, Assignment of	
Page 2 of 3	

call when you are unable to take call on your assigned day and shift.

- One of the two call people will be an R.N. who will be the circulating nurse. 5.
- Requests for special "no call" days should be submitted in writing before the schedule is made out. These requests are limited to 2 per pay period. Holiday weekend call "no call" 6. is limited to 1 per year. Weekend request for "no call" is limited to 50% per schedule and must be prioritized 1st - 2nd - 3rd in a 6 week schedule. Requests are NOT guaranteed. The honoring of all requests is at the discretion of the Unit Director/designee based on the staffing needs of the individual unit as determined by the ability to provide patient care.
  - Also refer to Human Resources Policies & Procedures, On-Call Pay. 7.
  - Weekend and holiday call hours will be from 0700 to 0638/0700 and are customarily PROCEDURE: covered as follows: one complete weekend, Saturday morning to Monday morning. 1.
  - Call is equally shared, holidays included, by all full-time and part-time members of the 2. operating room staff (R.N., L.P.N., C.S.T or S.T.).
  - Weekend and holiday call is taken by surgical staff as follows: 3.
    - General call: 2 circulators (R.N.), 2 scrubs (R.N., L.P.N., C.S.T., or S.T.). Call 1 will work day shift Saturday as a scheduled day of work. Call 1 will continue/start at 1515 or 1500 for the staff who worked on Saturday.
    - C.V. call: 1 circulators (R.N.), 2 scrub (R.N., L.P.N., C.S.T., or S.T.) available 0700 Saturday to 0638 Monday. They will do open heart and cardiovascular Ъ. cases.
  - Weekday call, Monday through Friday, is assigned in the same manner as weekends with 4. the exception:
    - On call time will begin once the call person's shift is over. (Example: C.V. call person started day at 0500, shift ends at 1330, call for this person will begin at 1330).
  - The "Surgery Call List" which lists the names, phone numbers and beeper numbers for the persons (and their titles) on call is filled out daily by the OR and a copy is sent to 5. Nursing Service for the Shift Director and to the Operator. Changes to the daily call list must be completed by 2:00 p.m. Call personnel are responsible for checking the accuracy of the information on the schedule. On call pay will be based on the final official "call schedule sheet."
  - Any staff member calling in ill for their shift and is on call leaves a vacancy in the call 6. schedule. That vacancy will be filled by either/or:
    - Volunteer a.
    - The next lower call moves up

Title: Call, Assignment of Page 3 of 3

- c. Names will be drawn if no one volunteers for unfilled call
- d. Specialty call will be covered by specialty team members
- 7. Call offs on weekends will be covered as follows:
  - a. Succession and picks will follow #6
  - b. The remaining call person will be moved up but will not have to take Call 1 in succession for 2 days. (Example: Saturday Call 2 moves up to Call 1 and Sunday becomes Call 2.) The volunteer or the pick will have first choice on what call is covered.
- 8. Any staff member calling off whom leaves a vacancy in the call schedule because they were on call, will pick up the next scheduled call or call of choice of the person who covered their call off. A week day call for a week day call and a weekend call for a weekend call.
  - a. The above does not apply to staff on a leave.
- 9. Personnel assigned to call on weekdays will be expected to report to work the following day at their regularly scheduled time except in those situations in which a case goes beyond 11pm or is started after 11:00 pm. If the daily schedule is such that there are not enough staff members to staff the surgical cases, the call staff will be expected to work their assigned room until relief can be arranged for them. Call staff who have worked after 11pm, but wish to stay and work their assigned shift will be allowed to do so. In the event the call nurse and/or Surgical Technician are required to work after 11:00 pm, they will have their schedule altered to compensate for the hours worked to insure adequate rest time. The Director/Manager/Charge will adjust the employee's schedule for that day to insure adequate compensatory time for rest if requested by the employee.
- 10. When calling in the call teams, Call 1 is called first; Call 2 next.
- 11. When relieving, volunteers first, Call 2 second and Call 1 last.
- 12. Change of call must be done in writing on the "switch papers" and must be approved/noted by the Unit Director/Manager/Charge.
  - a. Once the employee has accepted the call, ownership and responsibility for coverage belongs to that employee.

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Franciscan St. Anthony Health Crown Point, Indiana 46307-8483

<b>,</b>			CIOMILI OHING THE
		Title: Cases; Scheduling Of	Policy Type: Nursing
		Dates of Revisions: 10-97; 9-04; 10/30/13	Effective Date: 8/85
Policy Procedure	Department: Surgery	Reviewed: 06-14-07; 2/16/11	Page
		Reviewed: 06-14-07; 2/16/11	Page 1 of 2

#### POLICY STATEMENT:

Operating Room staff will be available to schedule cases Monday - Friday 7am - 7 pm; and Saturday, 7am - 3pm, for emergent/urgent cases/inpatients only. Elective cases are not scheduled for Saturday cases.

#### KEY POINTS:

- When the surgery is scheduled, the following information is needed: 1.
  - Name, age, phone number of patient
  - Patient status: DOB, SSN, Inpatient, Surgery Admit, Outpatient surgery with b. extended recovery, outpatient surgery.
  - Surgeon's name, assistant's name, surgical procedure, type of anesthesia, diagnosis c.
  - Implants or special equipment required d.
  - Insurance name e.
  - CPT code and diagnosis code. f.
- When the O.R. is closed, surgery can be scheduled by the surgeon through the Shift Director on duty. If the case is an emergency, the Shift Director will notify the 2. appropriate call people. For non-emergency cases, the Scheduler will contact the surgeon or their office regarding the date and time of the procedure.
- The Admitting Department will arrange for Pre-Admission Testing when ordered by the 3. surgeon.
- All outpatients will be notified by the Scheduler the day before their scheduled surgery when to arrive, where to go after arrival, and any special instructions; e.g. NPO at 4. midnight, take meds with a sip of water, etc.

Title: Cases; Scheduling of	_
Page 2 of 2	

#### PROCEDURE:

- 1. The case information will be entered into the EMR for future cases. This information is electronically transferred to Admitting once the scheduling process is completed.
- 2. For emergency, add-on cases, or cancellation of cases for current day, the Scheduler will fill in the information on the "Add-on/Cancellation Form". Additional parts of this form will be used to notify anesthesia and PACU of the addition or cancellation.

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Franciscan St. Anthony Health Crown Point, Indiana 46307-8483

Clountain			1
Policy Type: Nursing	Title: Scheduling of Emergency Operativ	e Procedures	
Effective Date: 7/14/03	Dates of Revisions: 5-04; 11-04; 1-05		
Page 1 of 2	Reviewed: 8/16/07; 1/19/11; 10/1/13	Department: Surgery	

## POLICY STATEMENT:

Scheduling of surgeries is done by the Operating Room Director and/or Nurse Manager or his/her alternate and with the collaborative consultation of anesthesia according to the rules and regulations laid down by the Medical Staff By-laws.

#### KEY POINTS:

- Surgical procedures must be classified according to the patient's medical condition and needs at the time of the surgical event.
  - A. Elective surgery usually involves conditions which may not require surgery but in which surgery will have a favorable effect. Example but not limited to be a removal of a cyst.
  - B. Required surgery is performed when only surgery will correct a problem. Example but not limited to be cataract surgery, which can be delayed for a period of weeks or months.
  - C. Urgent surgical procedures are performed when a patient's condition is not immediately threatening to life or limb but failure to perform surgery may result in death and/or severe complications. Example but not limited to be surgical interventions for cancer.
  - D. Emergent surgeries are threatening to life and limb and are performed within the criteria listed below:
    - 1) Urgent must be started within 24 or at request of the surgeon.
    - 2) Emergent must be started within one hour
    - 3) Stat case must be started now
  - 2. Classification of emergent cases but not limited to include:
    - A. Bowel obstruction
    - B. Trauma/MVA

Title: Scheduling of Emergency
Operative
Page 2 of 2

- C. Myocardial Infarction with failed angioplasty and/or intractable pain.
- 3. Classification of stat cases but not limited to include:
  - A. Fetal Distress
  - B. Ruptured or impending rupture thoracic, abdominal, or cranial aneurysm.
- 4. Emergent case may be classified at any given time as a stat classification with collaboration between the surgeon and anesthesia.
- 5. Room Assignment:
  - A. Emergent/stat patients will be accommodated with the first available anesthesia.
  - B. If at all possible, a trauma/emergency case will bump their own service. Example: OB emergency procedure will bump OB elective procedure
- ENDOSCOPY Addendum:
  - A. A true endoscopy emergency will be determined by attending Gastroenterologist with documentation.
  - Refer to Endoscopy Service Description.

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#### Curriculum Vitae

Date: May, 2002

## Yanzhang Dong "John", M.D., Ph.D.

Home Address:

M.D. Peking Union Medical College, 1982-1990 Education: Beijing, China Ph.D. Columbia University (Microbiology), 1991-1998 New York

Postgraduate Training Appointments:

Resident in Medicine, Peking Union 1990-1991 Medical College Hospital, Beijing, China Intern in Anesthesia, the Hospital of the 1998-1999 University of Pennsylvania, Philadelphia Resident in Anesthesia, the Hospital of the 1999-University of Pennsylvania, Philadelphia

Memberships in Professional and Scientific Societies:

American Society of Anesthesiologists 1999-Pennsylvania Society of Anesthesiologists 1999-

Research Publications:

M. J. Bouchard, Y. Dong, B. M. McDermott, D. H. Lam, K. R. Brown, M. Shelanski, A. R. Bellve, and V. R. Racaniello (M. J. Bouchard and Y. Dong made equal contributions to this paper). "Defects in nuclear and cytoskeletal morphology and mitochondrial localization in spermatozoa of mice lacking nectin-2, a component of cell-cell adherens junctions." Mol Cell Biol. 2000 Apr; 20 (8): 2865-73.

#### Y. Dong "John"

- 2. D. Shukla, C. L. Rowe, Y. Dong, V. R. Racaniello and P. G. Spear. "The murine homolog (Mph) of human herpesvirus entry protein B (HveB) mediates entry of pseudorabies virus but not herpes simplex virus types 1 and 2." J Virol, 1999 May; 73 (5): 4493-7.
- 3. Y. Dong, M. Jiang, L. Zhu, C. Yan, X. Wang and Y. Cai. "The suppressive effect of Tripterygium wilfordii hook F on the IL-2 autocrine loop of human T cells." Acta Academiae Medicinae Sinicae. 1993, 15: 193.
- 4. M. Jiang, Y. Dong, F. Zhang, C. Yan, L. Zhu, B. Li, X. Wang and Y. Cai. "The effect of glycoside Tripterygium wilfordii hook F on the immune regulation function of T lymphocyte." National Medical Journal of China. 1992. 72: 473.
- 5. L. Zhu, Y. Dong, H. Wu, M. Jiang, S. Zhang, X. Wang and Q. Song. "Phenotype analysis of peripheral blood lymphocytes from SLE patients by flowcytometry." Acta Academiae Medicinae Sinicae. 1989. 11: 57.
- 6. L. Zhu, H. Wu, Y. Dong, X. Wang and S. Zhang. "Establishment of cell-sorting technique with Flowcytometer." Acta Academiae Medicinae Sinicae. 1988. 10: 368.

E.D. SPECIALTY CALL ROSTER (ON CALL FROM 8 A.M. UNTIL 8 A.M.)

FRANCISCAN ST ANTHONY HEALTH CROWN POINT, IN JULY 2015

PULMONOLOGY

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
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1			Dr. Devanathan	Dr. Devanathan	Devanathan	Dr. Devanathan
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Dr. Devanathan	Dr. Harig	Dr. Harig	Dr. Harig	Dr. Harig	Dr. Harig	Dr. Harig
12	13	14	15	16	17	18
	Dr. Jordan	Dr. Jordan	Dr. Jordan	Dr. Jordan	Dr. Jordan	Dr. Jordan
9	20	21	00	S		
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Dr. Jordan	Dr. May Lee	Dr. May Lee	Dr. May Lee	Dr. May Lee	Dr. May Lee	Dr. May Lee
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E.D. SPECIALTY CALL ROSTER FF (ON CALL FROM 8 A.M. UNTIL 8 A.M.)

FRANCISCAN ST ANTHONY HEALTH CROWN POINT, IN AUGUST 2015

PULMONOLOGY

Saturday	Dr. Rebesco	8 Dr. H. Safadi	15 Dr. Khaja	Dr. Shaheen	Dr. B. Safadi	
Friday		7 Dr. H. Safadi	14 Dr. Khaja	21 Dr. Shaheen	28 Dr. B, Safadi	
Thursday		6 Dr. H. Safadi	13 Dr. Khaja	20 Dr. Shaheen	27 Dr. B. Safadi	
Wednesday		5 Dr. H. Safadi	12 Dr. Khaja	19 Dr. Shaheen	26 Dr. B. Safadi	
Tuesday		4 Dr. H. Safadi	11 Dr. Khaja	18 Dr. Shaheen	25 Dr. B. Safadi	Dr. Devanathan
Monday	ABRICA	3 Dr. H. Safadi	10 Dr. Khaja	17 Dr. Shaheen	24 Dr. B. Safadi	31 Dr. Devanathan
o de la constanta de la consta	Sulliday	2 Dr. Rebesco	9 Dr. H. Safadi	16 Dr. Khaja	23 Dr. Shaheen	30 Dr. B. Safadi

E.D. SPECIALTY CALL ROSTER (ON CALL FROM 8 A.M. UNTIL 8 A.M.)

FRANCISCAN ST ANTHONY HEALTH CROWN POINT, IN SEPTEMBER 2015

PULMONOLOGY

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Saturday	5	Dr. Devanathan	12	Dr. Harig		19	Dr. Jordan	26	Dr. May Lee		The state of the s			
Friday	4	Dr. Devanathan		Dr. Harig		18	Dr. Jordan	25	Dr. May Lee		AND THE PROPERTY OF THE PROPER	Dr. Rebesco		
Thursday	ന	Dr. Devanathan	10	Dr. Harig	The state of the s	17	Dr. Jordan	24	Dr. May Lee			Dr. Rebesco		
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E.D. SPECIALTY CALL ROSTER (ON CALL FROM 8 A.M. UNTIL 8 A.M.)

FRANCISCAN ST ANTHONY HEALTH CROWN POINT, IN OCTOBER 2015

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday 2	Saturday 3
				Dr. Rebesco	Dr. Rebesco	Dr. Rebesco
		3		8	6	10
4 Dr. Rebesco	5 Dr. Hakam Safadi	Dr. Hakam Safadi	Dr. Hakam Safadi	Dr. Hakam Safadi	Dr. Hakam Safadi	Dr. Hakam Safadi
		13	14	15	16	21
11. Dr. Hakam Safadi	12 Dr. Khaja	Dr. Khaja	Dr. Khaja	Dr. Khaja	Dr. Khaja	Dr. Khaja
		00	2.1	22	23	24
18 Dr. Khaja	19 Dr. Shaheen	Dr. Shaheen	Dr. Shahe	Dr. Shaheen	Dr. Shaheen	Dr. Shaheen
		26	28	29	30	
25 Dr. Shaheen	26 Dr. Bilal Safadi	Dr. Bilal Safadi	Dr. Bila Safadi	Dr. Bilal Safadi	Dr. Bilal Safadi	Safadi
Dr. Bilal Safadi	The second secon					

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NOTE: NEW SCHEDULED HOURS BEGINNING 10.24.13 Day Shift: 8AM to 8PM Night Shift: 8PM to 8AM

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CROWN POINT
1201 South Main Street
Crown Point, IN 46307
PH: 219 738 2100

The Critical Care/Internal Medicine Physicians of Franciscan Saint Anthony Health are committed to providing care to the injured patient and are in house or available promptly twenty four hours a day to provide immediate care to the injured patient. Care of the critically injured patient is continuously monitored through the both Trauma Department Process Improvement and Safety Program and organizational based Performance Improvement and Safety Program.

Erig Woo DO

Date

Trauma Medical Director

Charles Rebesco MD

Date

Medical Director Critical Care

ranciscan

Current Status: Active

PolicyStat ID: 1249576

9/5/2006

1/5/2015

Last Reviewed: 1/5/2015 Last Revised:

1/4/2018 Next Review: Responsible Party: Carol Schuster: Chief

Nursing Officer NIR

Administration

Policy Area: Policy

References:

Franciscan St. Anthony Applicability:

Health, CP

# Rapid Response Team and Code Help Policy

Original:

### PURPOSE STATEMENT:

Rapid Response Teams were developed to provide a preplanned response to medical crises that occur within the hospital. The goal of the Rapid Response Team and Code Help is to provide early intervention to prevent the death of patients whose clinical condition has deteriorated.

#### KEY POINTS:

- 1. Team members will consist of the following predetermined members:
  - a. ACLS certified Intensive Care Unit Registered Nurse All RRT/Code Help
  - b. Respiratory Therapist All RRT
  - c. Shift Director All RRT Code Help
  - d. Hospitalist Adult RRT only
  - e. PALS and/or ENPC Certified Registered Nurse and ER physician Pediatric RRTs and pediatric Code Help.
- 2. The shift director will respond and coordinate for additional resources as needed, especially for those who are non-
- 3. Any staff member, a patient and/or their family member or visitor who recognizes an impending crisis situation may initiate a call to the Rapid Response Team (RRT).
- 4. Calling a Rapid Response Team to consult does not replace notifying the patient's physician.
- 5. The Code Blue Response Mechanism will continue to be initiated by any hospital employee when an individual experiences a life-threatening emergency (i.e., cardiac or respiratory arrest).
- 6. Examples of why a Rapid Response (Initiated by hospital employee), Code Help (initiated by patient/their families or visitors), might be initiated but not limited to the following:
  - a. Staff, patient, family member or visitor concern regarding patient status
  - b. The nurse assesses the patient and determines whether the patient meets the criteria to initiate the Rapid Response Team based on a deviation from the patient's baseline
    - i, Adult Criteria:
      - HR < 55 or > 130 (acute change / symptomatic)
      - 2. RR < 8 or > 28 (acute change / symptomatic)
      - 3. Systolic BP <90 mm Hg or >170 mm HG (Mean < 60 mm Hg) (acute change /symptomatic)
      - 4. SpO2 < 90% or acute change
      - 5. Arrhythmia
      - 6. Acute bleeding
      - 7. Acute change in mental status LOC

Page 1 of 4

- 8. Acute symptoms of Stroke
- 9. Signs and symptoms of Acute Coronary Syndrome (ACS)
- 10. Seizures
- 11. Urine output decreased
- 12. Staff concern regarding patient status
- c. Pediatric Criteria: (For children up to 17 years of age nurse will call a Pediatric Rapid Response Team.)
  - 1. Staff or parental concern regarding patient status
  - 2. Symptoms of compensated shock
  - 3.  $SaO_2 < 90\%$  on  $O_2$  or acute changes despite  $O_2$  being utilized on patient.
  - 4. Arrhythmia
  - 5. Urine output < 0.5ml/Kg/hr. x 4 hours
  - Acute change in mental status
  - 7. Acute bleeding
  - Seizures
  - Measures of clinical stability

Age	Abnormal Heart Rate (Beats/Minute)	Abnormal Resp Rate (Breaths/Minute)	Abnormal Systolic BP (mm Hg)
Neonate	<80 >200	<20 >75	<u>√</u> 550
Infant (6 months)	<80 >200	<20 >70	<60
Toddler (2 years)	<65 > 180	<16 >60	<65
Pre-school (5 years)	<50 >160	>50	<70
School age (7 yrs)	≤50 >150	>45	<75
Adolescent (13 yrs)	<40 >140	>40	<85
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#### **EQUIPMENT:**

- 1. RRT bag located in ICU. (ICU RN will be responsible to bring to all RRT calls.)
- 2. For Pediatric RRT: Pediatric RN will bring the Peds RRT Bag to bed side. (Located in pediatric unit treatment room)

#### PROCEDURE:

- 1. Admitting nurse provides patient/family with education brochure, directs to wall poster or phone sticker in room and advises on how/when to initiate Code Help.
- 2. Any employee, patient/family or visitor who recognizes an impending crisis situation may initiate a call: by dialing emergency extension "2778".
  - a. For hospital employees they will request: Rapid Response
  - b. For patients/families/visitors they will request; Code Help
- 3. The ICU monitor tech will receive all calls then verify exact location and identify if patient is adult or pediatric, and reason for call.

Note: ICU monitor tech will maintain a log for all RRT calls.

- 4. The ICU monitor tech will call the hospital operator and will announce;
  - a. "Rapid Response Team to (Room # or location)" for hospital employee initiated calls.
  - b. "Code Help to (Room #)" for patient/family/visitor initiated calls.
  - If Pediatric patient operator to announce;



- "Rapid Response Team Pediatric to (Room # or location)"
- 2. "Code Help Pediatric to (Room #)"
- d. The hospital operator will also send out the appropriate e-notify pages.
- 5. The Rapid Response Team will assess the patient and their current condition and make recommendations or take actions as outlined in the Rapid Response Protocol (see attachment #1) or the Pediatric Rapid Response Protocol (see
- 6. If RRT event is recognized as a Code STEMI (Rapid Response Code Stemi) or Code 77 (Code 77 Brain Attack, Acute Stroke Protocol) refer to the related policies.
- 7. In the event the RRT was called for a non-patient procedures may vary based on the severity of the condition and location of the individual on campus. If the RRT team recommend ED evaluation but visitor refuses the RRT nurse or shift director will need to have visitor sign a Release document. A risk monitor pro must be entered and the signed release form given to Risk Management. Refer to related policy "Response to Persons Needing Emergency Medical Assistance\* (See Attachment #5 for Release document).
- 8. The physician will be notified by the RRT nurse of the patient's status/recommendations/actions taken by the rapid
- 9. Documentation will be completed electronically as a "Significant Event" note using the RRT template, that follows the SBAR process (Situation, Background, Assessment and Recommendation).
  - a. Attachment #2 & #4 to be used during computer downtime.
- 10. If the patient requires a higher level of care (i.e., a transfer to ICU) the Rapid Response Team will remain with the patient
  - a. A plan of care has been determined, and;
  - b. The Nursing Shift Director has assured that appropriate resources are in place.
- 11. If the patient remains in the nursing unit the Rapid Response Team nurse will review the plan of care and follow-up with the Primary Nurse immediately and within 4 hours after the event
- 12. Critical care ICU nurse responder will debrief during the same shift with the participating staff as a learning opportunity
- 13. Within 24 hours RRT team members and pertinent staff will complete the post event/RRT evaluations and quality analysis forms. Completed forms will be returned to the Critical Care Clinical Nurse Specialist or designee.

### DOCUMENTATION ATTACHMENTS:

- P.6100.0109 Adult Rapid Response Team Protocol (see attachment #1).
- 2. P.6100.0105 Adult Rapid Response Team Record (see attachment #2).
- 3. P.6100.0132 Pediatric Rapid Response Protocol (see attachment #3)
- 4. P.6100.0133 Pediatric Rapid Response Team Record (see attachment #4)
- 5. P.9500.0039 ED Walver Consent form (see Attachment #5)

## RELATED POLICIES:

Rapid Response Code Stemi Policy: CLICK HERE TO VIEW THIS NURSING POLICY.

Code 77 Brain Attack, Acute Stroke Protocol: CLICK HERE TO VIEW THIS NURSING POLICY.

Response to Persons Needing Emergency Medical Assistance Policy. CLICK HERE TO VIEW THIS ADMINISTRATIVE POLICY.

### KEYWORDS:

RRT, PEDS RRT, Outpatient RRT, Rapid Response Team

Page 3 of 4

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During the transition to PolicyStat, if you do not see any electronic signatures on this policy, the signatures will be found in the PDF erchived version.

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PolicyStat ID: 1694529

Original:

3/1/1988

Last Reviewed:

9/22/2015

Last Revised:

9/22/2015

Next Review:

9/21/2018

Responsible Party: Carol Schuster: Chief

Nursing Officer NIR

Policy Area:

Administration

References:

Procedure

Applicability:

Franciscan St. Anthony

Health, CP

# Code Blue: Response Mechanism Procedure Policy

# POLICY STATEMENT:

A "Code Blue" is called by any hospital employee when an individual experiences a life-threatening emergency, i.e., cardiac or respiratory arrest. Upon initiation of a "Code Blue" the "Code Team" will respond immediately.

## KEY POINTS:

- A. To activate a Code Blue:
  - 1. For an adult patient (18 years of age and older) notify the operator by dialing 1333 from the patient's bedside phone and/or other hospital phones and give the location. Activate the Code Blue button in
  - 2. For any patient 17 years of age and younger notify the operator by dialing 1333 from the patient's bedside phone and/or other hospital phones and give the location and instruct the operator to call "Pediatric Code Blue."
  - B. To cancel a Code Blue, dial 1333.
  - C. Once the Code Blue Team arrives on scene, turn off the Code Blue button.
  - D. The following departments will make up the Code Blue Team and will respond immediately. The Code Blue Team will be notified by the operator via pocket page and/or PA system.
    - One nurse each from ICU, IMCU, and ER.
    - Hospitalists
    - 3. ED physician will respond to all Pediatric Code Blues.
    - 4. ED paramedic
    - 5. ED physician may be requested by Hospitalist to assist with intubation if not administering care to another patient.
    - 6. Anesthesia when not administering patient care to another patient within the institution
    - 7. Any available physician
    - Area Unit Director/Nurse Manager/Shift Director/Critical Care Manager

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- 9. Respiratory Therapy
- 10. Lab
- 11. Spiritual Care
- E. The ICU RN will be the Team Leader on all Code Blues. An IMCU RN may be responsible for IV's and medication administration. The ER RN will be the Team Leader on all Pediatric Code Blues. In the event a Code Blue occurs in a critical care unit, an RN from that unit will have primary responsibility as the Team Leader and other critical care RN's will respond and assist as needed.
- F. The Code Blue Team Leader is responsible to:
  - Assess the situation, gather background information, and initiate recommendations according to ACLS/PALS protocol until a physician arrives on the scene.
  - 2. Assess location, move patient to a safe area if needed.
    - a. If a code blue occurs in MRI, the MRI staff will transfer the patient from the imaging table to a MRI-safe stretcher and remove patient from the room as quickly as possible.
    - b. Responding personnel will wait for the patient to be brought out of the room to ensure patient and responder safety near the MRI magnet.
  - 3. Direct staff and assign responsibilities
  - 4. Confirm that the Code Blue Record is complete
  - 5. Secure the medication drawer on the crash cart after the code
- G. Physician's responding to a Code Blue may deviate from the ACLS Algorithms based on the patient's clinical status.
- H. Code Blues are reviewed monthly to ensure adherence to policy and procedure.

#### PROCEDURE:

#### Equipment:

- A. Crash carf with portable monitor/defibrillator/ (TCP) Transcutaneous Pacemaker/AED
- B. Code Blue Bag (Located in ICU Physician Lounge/Monitor Tech area)
  - 1. Contents: EtCO2 Monitor and EZ-IO Drill with needles

#### Nursing Action:

- A. The rescuer establishes unresponsiveness and dials 1333 or presses the Code Blue button to initiate a Code Blue.
- B. CPR is initiated immediately as indicated by ACLS and/or PALS protocol.
- C. Nurses from the unit where the Code Blue occurs will respond to the code scene.
- D. A Unit nurse brings the crash cart, monitor/defibrillator from the designated location on the unit (see Attachment #1).
- E. The primary nurse caring for the patient remains in the room to relay patient information to the Code Team. The Unit Director/Patient Care Manager/Charge Nurse or designee notifies the attending physician(s) and family.
- F. One RN from ICU, IMCU and Emergency Department will respond.

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- 1. The 2nd ICU/IMCU Code Nurse will be responsible to bring Code Blue bag from ICU and ensure bag is re-stocked after use.
- 2. The Code Blue Team Leader will direct staff to assume various responsibilities during the code.
- 3. The Code Blue Team Leader implements ACLS/PALS, protocols, maintains patient and team safety during the code, ensures documentation is completed on the Code Blue Record, and secures the crash cart after the Code Blue.
- 4. A critical care nurse initiates and stabilizes IV access and is responsible for medication administration. (External Jugular (EJ) may be used as an IV access if peripheral IV to upper extremities was unable to be obtained. Critical care nurse or paramedic may initiate the EJ IV and only in an emergency situation.)
- 5. When available and appropriate arterial line or EtCO2 monitoring during a Code Blue will be monitored by the Team Leader to determine quality of compressions and assess return of spontaneous circulation (ROSC).
- G. At the end of the Code Blue, the Team Leader is responsible for securing the Adult Crash Cart, as follows:
  - Remove the cable tie from Drawer #2 on the Crash Cart
  - 2. Place the cable fie through the drawer handles on drawers 1 and 2.
  - 3. Pull the cable tie into a tightly locked position
  - 4. Notify Central Supply to pick up cart after code ends and replace with stocked cart.
  - 5. Clean the monitor/defibrillator and wires appropriately
- H. The procedure for securing the Pediatric Crash Cart can be found in the nursing policy: "Crash Cart Pediatric, Checking of by Nursing," CLICK HERE TO VIEW THIS POLICY.
  - i. At the end of the code blue, the ICU Charge Nurse will ensure that Code Blue documentation is completed. Paper copies will be placed in the designated ICU mailbox for review.

### DOCUMENTATION:

Documentation on the Code Blue Record will include the following:

- A. Date/time the code blue was called and whether it was a witnessed or unwitnessed arrest and whether it was a Cardiac or Respiratory arrest.
- Diagnosis prior to the arrest.
- C. Documentation of the names of persons responding to the code.
- D. Documentation must reflect the sequence of interventions:
  - 1. Intubation: time, size of ET Tube, by whom, number of attempts, O2 %, breath sounds, and CO2
  - 2. IV: site, catheter size, fluid, rate, time
  - 3. IV Medication: dose mg; mg/min; mcg/min
  - 4. Procedures (i.e., cricothyrotomy; central line placement; needle decompression, chest tube insertion; transcutaneous pacing) performed by time
  - 5. EKG strips are placed on page 3 or 4 of the Code Blue Record in sequence, with rhythm interpretation, date, time and numbered.

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Page 3 of 4



- 6. Defibrillation; joules delivered
- E. Notification of the attending physician, time and by whom.
- F. Notification of the family, time and by whom.
- G. Presence of family members at Code.
- H. The Code Blue Record reflects an on-going assessment of the patient's status and response to interventions.
- On termination of the Code Blue, the nurse completing the Code Blue Record will document the time
  resuscitative measures stopped, the outcome and disposition of the patient.
- J. The ICU Charge/Team Leader nurse transfers the Code Blue charting into the patient's electronic medical record.
  - Note: If the Code Blue occurred on a non-inpatient or in an outpatient area, the Code Blue paper form will be utilized for documentation.
- K. Unit Director/Shift Director completes the Code Blue Evaluation PN.6400.0002 and places a copy in the designated mailbox in Nursing Services.

#### REFERENCES:

American Heart Association. (2010). Handbook of emergency cardiovascular care for healthcare providers.

Navarro, K., Sinz, E., Soderberg, E. (Eds.). (2011). Advanced cardiovascular life support: Provider manual. American Heart Association.

#### **ATTACHMENTS:**

- 1. P.6100,0046 Code Blue Record
- 2. PN.6400.0002 Code Blue Evaluation
- 3. AHA 2010-2011 Guidelines

During the transition to PolicyStat, if you do not see any electronic signatures on this policy, the signatures will be found in the PDF archived version.

1. P.6100.0046 - Code Blue Record

#### Attachments: 2. PN.6400.0002 Code Blue Evaluation 国 3. AHA 2010-2011 Guidelines Committee Approver Date Admin P&P; committee Stephen Chaddock: Director Security 8/21/2015 Admin P&P; committee Rob Florkiewicz: Project Manager Construction 8/21/2015 Admin P&P; committee Nita Wirkus: Director Human Resources 8/24/2015 Admin P&P; committee Carol Schuster: Chief Nursing Officer NIR 8/24/2015 Admin P&P; committee Sharon Werner: Admin Dir Risk Management 8/26/2015 Admin P&P; committee Michaelene Hardin: Director Nursing Operations 9/22/2015

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Page 4 of 4





CROWN POINT 1201 South Main Street Crown Point, IN 46307 PH: 219 738 2100 The Radiology Department at Franciscan Saint Anthony Health is committed to providing care to the injured patient by providing radiology services twenty- four (24) hours a day. We are also committed to improving care to the injured patient through involvement in Performance Improvement and Patient Safety committees.

Date

Date

Trauma Medical Director

Franciscan Alliance St. Anthony Health-Crown Point

Steven Klepak MD

Chief Of Radiology

Franciscan Alliance St. Anthony Health-Crown Point

PolicyStatiu

Original: 2/12/1986

Last Reviewed: 6/30/2015

Last Revised: 6/30/2015
Next Review: 6/29/2018

Responsible Party: Amanda Pritchard: Manager

Imaging

Policy Area:

Imaging Services

References:

Policy

Applicability:

Franciscan St. Anthony

Health, CP

# Hours of Operation Policy

### **PURPOSE STATEMENT:**

Staffing minimums are established in each section of the Imaging Department.

### KEY POINTS:

- A. Staffing minimums have been established in order to provide for safe and expedient patient care
- B. Staffing minimums are based on historical volumes and productivity standards as set by the facility.
- C. Staffing is adjusted or increased based on patient complexity, the needs of the department and the needs of the facility.

## STAFFING QVERVIEW

- A. CT Scan Hours of eperation: 24/7
  - 1. CT scan technologist may perform up to fifteen patients, per shift
  - Monday through Friday Staffing: There is a minimum of two staff members on day shift, minimum of one technologist on the evening shift, and one on midnights
  - 3. Saturday and Sunday staffing: Minimum of one technologist on day shift, one on evenings and one on midnights
    - a. On-call:A back-up technologist is provided on call for midnights shifts seven days a week.
    - b. A back-up technologist is provided on call for holidays and weekends.
    - c. For a detailed explanation of CT on-call, please refer to the Radiology "On-Call" Policy.
- B. MRI: Hours of operation: 6:30 am to 7:30 pm Monday through Friday, 7 am to 3:30 pm Saturday, and 6:30 am to 3 pm Sunday.
  - MRI technologists may perform up to eight patients, per shift.
  - 2. Monday through Friday Staffing: There is a minimum of one staff member on the day shift and one on the evening shift.
  - 3. Saturday and Sunday Staffing: There is a minimum of one staff member on the day shift.
  - On call staffing is provided all hours outside of regularly scheduled shifts.
- C. Nuclear Medicine: Hours of operation: Monday through Friday, 7 am to 4:30 pm.

Page 1 of 4

- 1. Nuclear Medicine technologists may perform up to seven patients, per shift.
- 2. Monday through Friday Staffing: Minimum of one staff member on day shift.
- 3. On call staffing is provided all hours outside of regularly scheduled shifts.
- D. Radiology/X-ray: Hours of operation: 24/7.
  - Radiologic technologists perform up to twenty patients, per shift, dependant on assignment (i.e. interventional procedures versus general x-ray).
  - 2. Monday through Friday Staffing: Minimum of four technologists on day shift, two on evening shift and one technologist on midnights.
  - 3. Saturday and Sunday Staffing:Minimum of two technologists on day and evening shifts; one technologist on midnights.
  - 4. On call staffing is provided for midnights, Monday through Friday, and days, evenings and midnights on Saturday and Sunday.
    - a. For further explanation regarding x-ray call, please refer to the Radiology "on-call" policy.
- E. Ultrasound: Hours of operation: Monday to Friday, 5:30am to 11pm. Saturday, 6 am to 4:30 pm and Sunday, 8 am to 4:30pm.
  - 1. Ultrasound technologists perform up to ten patients per technologist, per shift.
  - 2. Monday through Friday Staffing Aminimum of two sonographers are on the day shift. One technologist for the evening shift.
  - 3. Saturday Staffing: two senographers work day shift
  - 4. Sunday Staffing: one sonographer works day shift.
  - 5. On call staffing is provided for all hours outside of regularly scheduled shifts
- F. Registrate Flours of operation: 6 am to 7/30 pm Monday through Friday. 630 am to 3 pm Saturday and Sunday.
  - 1. Registrars: Monday through Friday Staffing: Minimum of two on day shift, one on evening shift. Minimum of one registrar on Saturday and Sundays. The registrars see an average of thirty patients per clerk, per shift.
- G. Transporters: Hours of Operation: 6 am to 730 pm Monday through Friday. 8 am to 430 pm Saturday and Sunday.
  - Transporters: Monday through Friday Staffing: Minimum of two on day shift and one staff member on evenings. Minimum of one transporter Saturday and Sundays. The transporters see an average of ten patients per transporter, per shift.
- H. PET CT: Hours of operation: Wednesday 7 am to 12 pm, Friday 7 am to 6 pm and Sunday 7 am to 3 pm.
  - Technologists perform up to nine patients per shift on Fridays and Sundays and up to five patients on Wednesdays.
  - 2. If there is one patient scheduled for the shift, then there will only be one technologist scheduled.
  - If there is more than one patient scheduled, there will always be more than one technologist scheduled for the PET/CT truck. There will always be one board certified technologist working with the patients.



### OVERVIEW:

### **Off Campus Locations**

The hospital operates Imaging clinics off campus, which follows staffing minimums based on volume and productivity for that specialty. Acuity of the patients is lower than the hospital. Staffing is noted as follows:

- A. Franciscan Point Imaging: Hours of operation Monday through Friday, 7:30 am to 7:30 pm.
  - X-ray staffing is one technologist on the day shift averaging up to thirty-five patients per day, Monday through Friday. An additional technologist begins at 11:30 am and finishes up the remainder of the patients until Express Care closes.
    - a. X-ray also supports the Express Care on Saturdays from 9 am to 5 pm and Sunday from 10 am to 4 pm, performing up to twenty patients each weekend day.
    - b. X-ray also supports the Surgery Center Monday through Friday, variable shift, up to eight patients per shift.
    - c. EKG services are shared between the CT Technologist and X-ray technologist.
  - 2. MRI staffing has a minimum one to two technologists who care for up to twelve patients per eight hour shift. Staffing covers from 8:15 am to 7:15 pm.
  - 3. CT staffing consists of one technologist who sees up to twelve patients per eight hour shift. On call staffing is provided 5:30 pm to 7 pm, Monday through Friday and during the Express Care hours on the weekend.
  - 4. Ultrasound staffing consists of one technologist who sees up to twelve patients per eight hour shift shift. Hours of operation Monday through Friday 830a-5p.
  - 5. Support Staff: Day shift, 7:30 am to 6pm Monday through Friday.
    - a. The support staff has a minimum of two registrars who see up to twenty five patients per person per day and manages up to ten scheduling calls per person per day. Support Staff also support registration of outpatient lab patients and EKG patients.
  - B. St. John Imaging: Hours of operation Monday through Friday, 9 am to 4 pm.
    - St. John Imaging has one radiologic technologist who performs both x-ray and EKG services. The technologist works a seven hour shift and sees up to ten patients for x-rays and EKGs per day.
    - There is one support staff member who sees up to twenty patients per day for registration including lab and outpatient therapy registration.
  - C. Winfield Imaging: Hours of operation Monday through Thursday, 8:30 am to 5 pm. Fridays,7:30 am to 11:30 am.
    - Winfield has one technologist who performs x-rays and EKGs. The technologist works an eight hour shift Monday through Thursday and a four hour shift on Friday. The technologist sees up to fifteen patients for x-rays and EKGs per day
    - There is one sonographer who sees up to eight patients on Monday and Wednesday 8:30 am to 5 pm and up to five patients on Friday between 8:00 am to 12:00 p
    - There is one support staff member who sees up to twenty-five patients per day for registration including lab and EKG registration.

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Page 3 of 4

- D. Broadway Ultrasound: Hours of operation Monday through Friday, 7:30 am to 4 pm
  - 1. There is one sonographer who sees up to eleven ultrasound patients per day
  - 2. There is one support staff who registers and schedules up to fifteen patients per day.
- E. Valparaiso Diagnostic Center/CDI: Hours of Operation: Monday through Friday 8am to 5 pm and Saturday 8 am to noon. Saturdays are only accommodating non-contrast studies and walk in x-rays.
  - 1. A sonographer covers Monday through Thursday 8:30a-5pm and Friday from 1pm-4:30pm. The sonographer averages up to ten patients per shift.
  - 2. There are a minimum of two technologists that cover the CT, MRI, and x-ray areas within this clinic. These technologists are certified to perform patients in all three imaging modalities.
    - a. CT averages up to eight patients per shift.
    - b. MRI averages up to thirteen per shift.
    - c. X-ray averages up to fifteen per shift.
- F. Lowell Imaging: Hours of operation Monday through Friday 9 am to 5 pm. The imaging Technologist may perform up to ten patients per shift.
- G. In the event that the Off-site Diagnostic center cannot accommodate the patient, staffing at the off-site location will refer the patient to the hospital, to include the Emergency Department. Under critical circumstances, an ambulance will be called for a patient that is unable to safely relocate to the hospital facility.
- H. After fieurs care is provided for the patient at the hospital. Either an employee will communicate the after-hours location accommodation to the patient or signage will direct the patient to the hospital Emergency Department.

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Attachments:		No Attachments	
	Committee	Approver	Date
	Department Director	Tiffany ODay (Long): Manager Imaging	11/24/2014
	Regional Director	Michael Budimir: Admin Dir Imaging	11/25/2014
		Karin Kolisz: VP Clinical Svcs FSAHCP	11/25/2014
'	Department Director	Tiffany ODay (Long): Manager Imaging [AP]	5/14/2015
'	Regional Director	Michael Budimir: Admin Dir Imaging	6/29/2015
		Karin Kolisz: VP Clinical Svcs FSAHCP	6/30/2015

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9/16/11



July 14, 2015

The intensive care unit at Franciscan St. Anthony Health has the following equipment and monitoring capabilities:

CROWN POINT 1201 South Main Street Crown Point, IN 46307 PH: 219 738 2100 Bair huggers
Philips inner-cool surface pads
Gaymer II for warming or cooling
Standardized central line cart
Swan equipment and monitoring
Difficult intubation equipment
Fluid warmers available
Intra-Aortic balloon pump
2 crash carts
Bedside monitors (HR, BP, RR, SPO2, ETCO2, Art, CVP, ICP)

Moody MS, COUR, PN

Furthermore, the ICU staffing grid is attached and ensures 2:1 patient to nurse ratio for Critical Care patients.

Rachel Moody, MSN

Regional Critical Care Director

FranciscanStAnthony.org

Effective:

Approved: Last Revised:

6/19/2014 11/10/2010

Expires:

Owner:

6/18/2016

Peggy Leighty

Policy Area: Blood Bank

References:

Applicability: Franciscan St. Anthony Health -

Crown Point

### Product Inventory

Section: SACP

Document Type: Policy

#### PURPOSE:

Franciscan St. Anthony Health - Crown Point

To ensure the prompt availability of blood products, every attempt should be made to maintain a minimum inventory level. During blood shortages, minimum inventory levels may not be met.

#### POLICY:

· Minimum number of units of packed cells to be kept in blood bank invento

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- Minimum number of cryoprecipitate to be kept in blood bank
  - cryoprecipitate is normally received pre pooled in 5 unit bags 4-five unit pools of either A or O should always be available

#### **REVISIONS:**

Date	
Date	Reason for Revision/Revised by:
[	
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Attachments: No Attachments			
·	Approver	Date	
T Primard Library	Peggy Leighty	4/19/2012	
·	Dr. David Cheng: Medical Director	4/19/2012	
	Peggy Leighty	6/11/2014	
	Dr. David Cheng: Medical Director	6/19/2014	



Effective:

6/15/2015

Approved:

6/16/2015

Last Revised:

6/16/2015

Expires:

6/15/2017

Owner:

Peggy Leighty

Policy Area:

Blood Bank

References:

Applicability: Franciscan St. Anthony Health -

Crown Point

## Massive Transfusion Protocol

Section: Blood Bank

Document type: Procedure

Document name: Massive Transfusion Protocol

Franciscan St. Anthony Health - Crown Point

Purpose:

The purpose of this policy is to establish a protocol to be followed in those instances where massive transfusion of blood and blood components is likely to be indicated.

### Policy:

Massive transfusion will be defined as any occurrence where there is anticipated to be:

- Loss of 1 total blood volume over 1-3 hours
- More than 10 units of red blood cells transfused within 24 hours
- The acute administration of 4-5 units of red blood cells in 1 hour

The massive transfusion protocol (MTP) can be invoked by any attending physician in any emergent clinical situation, i.e. trauma, surgical, obstetrical. The blood bank must be called as soon as possible. It must be clearly stated that the massive transfusion protocol has been initiated. The name of the physician initiating the MTP must be provided to the blood bank. Blood bank cannot initiate the MTP without the name of the attending physician.

It has been agreed between the medical staff and the transfusion service that all MTPs will be reviewed to ensure compliance with the criteria.

Upon initiation of the MTP, blood products will be provided according to protocol without the need for specific physician orders.

The laboratory will notify the nursing administrator that testing of non-emergent patient samples will only be performed as time permits during the MTP.

#### Procedure:

- A. The massive transfusion protocol is initiated.
- 1. NOTE: The MTP is to be initiated and terminated by the attending physician. Indications for initiating an MTP include, but are not limited to the following:

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- a. Administration of one blood volume and continuing need for transfusion.
- b. Massive blood loss with profound hemorrhagic/hypovolemic shock. Blood and component administration will be based on the clinical condition and the results of laboratory testing. This will require tests to be done frequently with rapid turnaround time to support timely assessment and treatment.
- A. Following initiation of the MTP, one blood bank technologist will be dedicated to the MTP until such a time as the MTP is discontinued. The blood bank will indicate to the initial caller the identity of the technologist who will be handling the MTP and the phone extension dedicated to the MTP technologist. In the emergency department the primary trauma nurse will be the dedicated contact between the ED and the blood bank. In the OR the blood bank will call the surgical suite directly. If the MTP is called in a patient care area the blood bank will contact the patient's primary nurse.
- B. Upon initiation of the MTP, laboratory staff will immediately respond to the patient location and the following initial lab tests will be draw.
- Type and screen, following blood bank SOP
- 2. PT/PTT
- 3. D-Dimer
- 4. Fibrinogen
- 5. CBC
- 6. CMP
- 7. Additional testing as directed by attending physician.
- A. Once the MTP has been initiated by the physician an initial cycle of blood products will be prepared by the blood bank. The red cells and plasma will be placed in a blood bank approved cooler with ice, following blood bank SoP. Blood products will be prepared according to the following ratio,
- 1. Adult patient
- a. 5 units of O negative red blood cells, or type specific if the patient's blood type has been determined prior to the initiation of the MTP. Uncrossmatched blood will be used if it is not possible to wait for crossmatched blood. If the patient is a male or a woman over the age of fifty, O positive red blood cells may be given. (see appropriate blood bank policy for transfusion of Rh positive blood to Rh negative patients) The blood will be placed into a blood bank approved cooler. The red cell units will have a blood bank approved temperature monitor attached. The cooler will be delivered to the appropriate patient care area by a member of the laboratory staff.
- b. 5 units of type AB or type specific FP 24. Once the 5 units have been thawed they will be delivered in a separate cooler to the appropriate patient care area and transferred to the original MTP cooler.
- c. One unit of platelet apheresis can be delivered with the first cooler of blood.
- Pediatric patient- In the case of an MTP called on a pediatric patient the nursing staff will indicate to the blood bank the patient's weight and the following guidelines will be used. If pediatric aliquot units are available you may use those in place of a normal red cell or plasma.
- a. Neonate (1-5 kg)

1st pack-1 unit RBC\* 1 unit plasma\*

2<sup>nd</sup> pack-1 unit RBC\* 1 unit plasma\* ½ apheresis\*

3<sup>rd</sup> pack-1 unit RBC\* 1 unit plasma\* 1 single donor cryo

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4<sup>th</sup> pack-1 unit RBC\* 1 unit plasma\* ½ apheresis\*

5th pack-1 unit RBC\* 1 unit plasma\* 1 single donor cryo

\*These units must have a label affixed that states "Per MTP protocol, give  $lam{1}{2}$  of this unit" These labels will be kept stocked in the blood bank.

#### b. Infants (6-10kg)

1st pack- 1 unit RBC 1 unit plasma

2<sup>nd</sup> pack-1 unit RBC 1 unit plasma 1/2 apheresis

3<sup>rd</sup> pack-1 unit RBC 1 unit plasma 2 single donor cryo

4th pack-1 unit RBC 1 unit plasma ½ apheresis

5th pack-1 unit RBC 1 unit plasma 2 single donor cryo

#### c. Younger child (11-25 kg)

1<sup>st</sup> pack- 2 units RBC 2 units plasma

2<sup>nd</sup> pack-2 units RBC 2 units plasma 1 apheresis

3<sup>rd</sup> pack-2 units RBC 2 units plasma 4 single donor cryo

4th pack-2 units RBC 2 units plasma 1 apheresis

5<sup>th</sup> pack-2 units RBC 2 units plasma 4 single donor cryo

#### d. Older child (26-50kg)

1st pack- 3 units RBC 3 units plasma

2<sup>rd</sup>pack-3 units RBC 3 units plasma 1 apheresis

3rd pack-3 units plasma pooled cryo

4<sup>th</sup>pack-3 units PBC 3 units plasma apheresis

5th pack-3 units plasma pooled cryo

- A. Once the first cycle has been issued to the appropriate patient care area, the dedicated blood bank technologist will call and ask if the protocol is to be continued. If it is determined that the protocol should continue a second cycle will be prepared with the appropriate ratio of products.
- B. Additional cycles of blood products will be prepared in the appropriate ratio for the duration of the MTP. Ongoing communication between the patient care team and the blood bank is crucial to providing the necessary blood products. Additional blood products may also be ordered as needed, including cryoprecipitate.
- C. In order to process all requests for the MTP in a timely fashion, it may be necessary to contact additional staff members as needed. One of the other laboratory staff members will assist the dedicated blood bank technologist as needed, until additional staff can be brought in. The following members of the laboratory team should be contacted as soon as possible after the initiation of the MTP:
  - Laboratory medical director
- Laboratory manager
- Blood bank Supervisor
- The on call staff member
- 5. Additional staff members as necessary
- A. It will be necessary to notify the blood supplier as soon as possible after the MTP has been initiated. This is also a task that can be designated to another staff member. One platelet pheresis is always available in

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the blood bank. An additional platelet apheresis will be available at Franciscan St. Margaret's Health Dyer. Contact Franciscan St. Margaret's Health Dyer to let them know that the platelet is needed. Franciscan St. Margaret's Health Dyer will contact Medspeed for a STAT pickup of this platelet if necessary. To contact Medspeed call 1-800-937-5521 and reference client ID MTP1 and request a super stat pickup. The following products will be ordered as needed from the blood supplier:

- Red cells
- 2. FP 24
- 3. Platelet apheresis
- 4. Cryoprecipitate
- A. All transfusion documentation will be completed in the blood bank computer system as appropriate.
- B. In order to expedite therapy, the simultaneous ordering of appropriate laboratory tests, including those for hemostasis, will allow clinicians to transfuse the most appropriate blood components.
- C. The MTP does not preclude the ordering of other blood products, factors or pharmaceuticals.
- D. Due to the inherent risk of component-induced hypothermia, it is highly suggested that, where possible, a blood warmer be used.
- E. The MTP will continue until it has been discontinued by the attending physician. Blood bank is to be notified immediately of the discontinuation of the MTP.
- F. All unused blood products returned to the blood bank must be examined before being returned to the blood bank inventory. Any unit of red cells that has a safe-t-vu temperature monitor that is outside the acceptable range is to be discarded and not returned to inventory. All appropriate blood pank procedures regarding return of inventory are to be followed.

### References

- A. Malone DI, et al "Massive transfusion practices around the globe and a suggestion for a common massive transfusion protocol". J Trauma 2006:60 S91-6.
- B. "Transfusion for massive blood loss". 2004 Available at www.trauma.org
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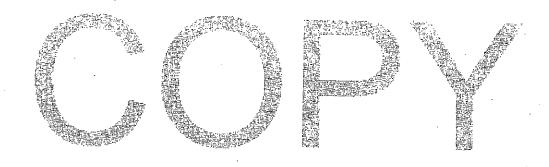
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Med	lsoi	Director	Date
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Attachments:

No Attachments

Approver	Date
Peggy Leighty	6/9/2015
Peggy Leighty	6/9/2015
Dr. David Cheng: Medical Director	6/15/2015
Peggy Leighty	6/16/2015
Peggy Leighty	6/16/2015
Dr. David Cheng: Medical Director	6/16/2015



Effective:

PolicyStat ID: 1616848 1/28/2011

Approved:

6/24/2015

Last Revised:

6/24/2015 6/23/2017

Expires: Owner:

Victoria Fortier

Administrative Policy Area:

References:

Applicability: Franciscan St. Anthony Health -

Crown Point

Franciscan St. Anthony Health - Crown Point

LVERNO

# STAT Tests Available at Crown Point

Section: SACP

Document Type: Procedure

### PURPOSE:

The laboratory provides timely, accurate laboratory testing to enable the physicians and nursing staff to treat our patients. This is accomplished through timely collection of properly labeled blood specimens, nurse collected specimens, and prompt and accurate reporting of the requested tests to support the care of the patients. The general laboratory is staffed 24 hours per day, 7 days per week. As a general rule, a STAT or timed specimen will be completed within one hour of collection. A routine priority will be completed within four (4) hours. On a yearly basis, the STAT test listing is taken to the Medical Executive Committee for review and input.

### POLICY:

- Blood Bank.
  - a. ABOIRH Typing
  - b, Antibody Screen
  - Antenatal Rhogam
  - Blood Products-in most instances
  - Coombs-Direct
  - Coombs-Indirect
  - Kleihauer Test
  - h. RH Factor
  - i. Type and Crossmatch
  - j. Type and Screen
  - General Laboratory
    - a. Acetaminophen
    - b. Acetone (serum, urine)
    - c. Albumin
    - Alcohol
    - Alkaline Phosphatase
    - ALT
    - Ammonia
    - h. Amylase (Serum, fluid)
    - Arterial Blood Gas

Retrieved 09/10/2015. Official copy at http://akv-sacp.policystat.com/policy/1616848/. Copyright © 2015 Franciscan St. Anthony Health - Crown Point

- j. AST
- k. BMP (Basic Metabolic Panel)
- I. Beta HCG Quant.
- m. Billrubin, Direct
- n. Bllirubin, Total
- o. BUN
- p. Calcium
- q. Carbamazepine (Tegretol)
- r. Carbon Dioxide (CO2)
- s. Carbon Monoxide (CO)
- t. CBC
- u. CBC w/o Diff (H&H)
- v. Cell Count (Body fluid)
- w. Chloride (Serum)
- x. CK
- y. CMP (Comprehensive Metabolic Panel)
- z. Creatinine (Serum, urine)
- aa. Creatinine Clearance
- ab. CRP
- ac. CSF (Complete Exam)
- ad. D.Dimer
- ae. Digexin (Lanoxin)
- af. Dilantin (Phenytoin)
- ag. Drug Screen-7 Panel
- ah. Electrolytes
- ai. Eosinophil Count
- aj. ESR (Erythrocyte Sed. Rate)
- ak. Fetal Fibronectin (FFN)
- al. Fibrinogen
- am. Gentamicin
- an. Glucose (Serum, CSF)
- ao. Gram Stain
- ap. HCG Qualitative
- aq. Hemogram
- ar. Hepatic Profile
- as. India Ink Smear
- at. Influenza A/B Virus (Rapid)
- au. Ketone
- av. Lactic Acid
- aw. LDH

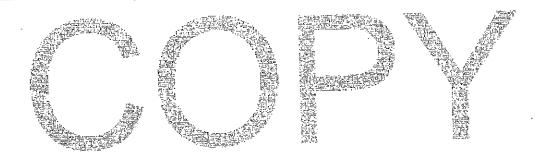


- cl. Valproic Acid (Depakene)
- cm. Vancomycin
- cn. Wet Prep (Trichomonas & Yeast)

# REVISIONS:

A 45 page 2	
Date	Reason for Revision/Revised by:
1/28/2011	New Format, new Medical Director.
All and the second seco	

No Atac	nments	
Attachments:	Approver	Date
	Victoria Fortier	4/16/2012
	Dr. David Cheng: Medical Director	4/16/2012
-		6/19/2015
	Victoria Fortler	6/19/2015
	Dr. David Cheng: Medical Director	6/24/2015



Franciscan St. Anthony Health Crown Point, Indiana 46307-8483

Policy Type: Nursing	Title: Staffing Pattern and Require	ments
Effective Date: 1/1/86	Dates of Revisions: 12-01; 8-04; 9-19-05; 05-04-0	7; 06-07-07; 11/24/10; 2/20/11; 7/10/13
Page 1 of 4	Reviewed:	Department: Post-Anesthesia Care Unit

### POLICY STATEMENT:

Adequate and competent staffing is necessary to ensure proper and safe care of the post-anesthesia patient.

#### KEY POINTS:

- 1. Nurses who regularly work the longer 10 and 12 hour shifts may return to 8-hour shifts at any time. However, no one will be allowed to go from 8 to a longer shift unless it will benefit staffing in the department.
- 2. Everyone on the day shift will rotate to cover 3-11's.
- All staff will be trained in all areas: ASU, PACU. The off-shifts will receive adequate orientation to enable them to work these areas.
- 4. All staff, regardless of their weekly schedule, will take night, weekend and holiday call.
- 5. All staff members will be expected to adjust their starting times, if necessary, based on the surgical schedule and with adequate notification.

#### PROCEDURE:

- Scheduling and Staffing Monday through Friday:
  - A. Staffing for the ASU adjusts daily:

Following are suggested:

1 RN 5:00am to 1:30pm

1 RN 5:30am to 2:00pm

1 RN 6:00am to 2:30pm

1 RN 6:00am to 6:30pm for 12 hour RN

1 RN 7:00am to 3:30pm

1 RN 8:00am to 4:30pm

1 RN 10:00am to 10:30 pm OR 2:00 pm to 10:30 pm

Additional RN's flex start time based on patient need.

Above staffing will be adjusted as per surgery schedule.

- B. PACU staffing adjusts daily. Following are suggested.
  - 1 RN 7:30am to 4:00pm or 7:30 pm for 12 hours
  - 1 RN 8:00am to 4:30pm OR 8:00 am to 8:30 pm
  - 1 RN 9:00am to 5:30pm or 9:30 pm for 12 hours
  - 1 RN 10:00am to 10:30pm or 12:00pm to 8:30pm
  - 1 RN 2:00pm to 10:30pm
- C. The PACU Patient Care Coordinator (PCC) will adjust staffing as necessary.
- 2. The department is closed during the following hours:
  - A. 10:30 p.m. to 7 a.m. week days.
  - B. Saturday and Sunday
  - C. Holidays from 7 a.m. to 7 a.m.
  - D. PACU RNs are scheduled on call to recover patients when department is closed.
- 3. Any staff member calling off whom leaves a vacancy in the call schedule because they were on call, will pick up the next scheduled call or call of choice of the person who covered their call off. A week day call for a week day call and a weekend call for a weekend call.

Any staff member calling in ill for their shift and is on call, leaves a vacancy in the call schedule. That vacancy will be filled by either/or:

- Volunteer
- B. Names will be drawn if no one volunteers for unfilled call.
- 4. Staffing in the Preanesthesia Phase:

Staffing shall be based on, but not limited to, the following criteria:

- A. Number of patients
- B. Number of operating rooms
- C. Average time in patient preparation (i.e., education, testing, medication administration)
- D. Patient acuity and intensity of care
- E. Procedures (i.e. insertion of invasive lines, regional blocks.)

#### POSTANESTHESIA PHASE

#### Phase I Level of Care

The professional perianesthesia nursing roles during this phase focus on providing postanesthesia nursing care to the patient in the immediate postanesthesia period, and transitioning them to Phase II level of care, the inpatient setting, or to an intensive care setting for continued care.

Title: Staffing Pattern and Requirements Page 3 of 4

#### ONE NURSE TO TWO PATIENTS WHO ARE: Class 1:2

- one unconscious, stable, without artificial airway, and over the age of 8 years; and one conscious, stable and free of complications.
- Two conscious, stable, and free of complications. b.
- Two conscious, stable, 8 years of age and under, with family or competent C. support staff present.

#### ONE NURSE TO ONE PATIENT Class 1:1

- at the time of admission, until the critical elements are met.
- Requiring mechanical life support and/or artificial airway. 8. b.
- Any unconscious patient 8 years of age and under.
- A second nurse must be available to assist as necessary. c. d.

#### TWO NURSES TO ONE PATIENT Class 2:1

one critically ill, unstable, complicated patient.

Two licensed nurses, one of whom is a RN competent in Phase I Post Anesthesia Nursing, are present\* whenever a patient is receiving Phase I Level of Care.

The professional perianesthesia nursing roles during this phase focus on preparing the Phase II Level of Care patient/family/significant other for care in the home, Phase III level of care or the extended care environment.

#### ONE NURSE TO THREE PATIENTS Class 1:3

- Over 8 years of age.
- 8 years of age and under with family present. b.

#### ONE NURSE TO TWO PATIENTS Class 1:2

- 8 years of age and under without family or support staff present.
- Initial admission of patient post procedure. b.

#### ONE NURSE TO ONE PATIENT Class 1:1

Unstable patient of any age requiring transfer.

Two licensed nurses, one of whom is a RN competent in Phase II Post Anesthesia Nursing are present\* whenever a patient is receiving Phase II level of care. A RN must be present\* at all times during Phase  $ilde{II}$ .

Extended Observation Level of Care The professional perianesthesia nursing roles in this phase focus on providing the ongoing care for those patients requiring extended observation/intervention after transfer/discharge from Phase I and Phase II levels of care. Interventions are directed toward preparing the patient/family/significant other for self-care or care by family/significant other.

Title: Staffing Pattern and Requirements
Page 4 of 4

## Class 1:3/5 ONE NURSE TO THREE-FIVE PATIENTS

Extended Observation Level of Care staffing is dictated by patient acuity and intensity of nursing care. Care is managed by the RN competent in this level of care. The Nurse: patient ratio is not to exceed one nurse to five patients.

Examples of patients that may be cared for in this phase include but are not limited to:

- a. Patients awaiting transportation home.
- b. Patients with no care giver.
- c. Patients who have had procedures requiring extended observation/interventions (i.e. potential risk for bleeding, pain management, PONV; etc.)
- d. Patients being held for an inpatient bed.
- ASPAN defines "present" as being in the particular place where the patient is receiving care.

## Extended Observation Level of Care:

The nursing roles in this phase focus on providing the ongoing care for those patients requiring extended observation/intervention after transfer/discharge from Phase I and Phase II levels of care.

#### Blended Levels of Care:

Perianesthesia units may provide Phase I, Phase II, and/or Extended Observation levels of care within the same environment. This may require the blending of patients and staffing patterns. The perianesthesia registered nurse uses prudent judgment based on patient acuity, nursing observations and required interventions to determine staffing needs.

#### REFERENCES:

ASPAN. Perianesthesia nursing standards, practice recommendations & interpretive statements. (2012-2014). Cherry Hill, NJ: Author.

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Franciscan St. Anthony Health Crown Point, Indiana 46307-8483

Policy Type: Administrative	Title: Organ, Tissue, and Eye I	Ponation
Effective Date: 9/15/96	Dates of Revisions: 04/12/01; 11/30/04; 02/23/	05; 08/15/07; 1/27/11; 8/8/11; 8/1/13
<b>Page</b> 1 of 5	Reviewed:	Department: Nursing

#### **KEY POINTS:**

- 1. All "deaths" include:
  - All cardiac deaths
  - All imminent deaths of patients with brain dysfunction as measured by any of the following:
    - i. Absence of spontaneous respirations
    - ii. Absence of gag, cough or corneal reflex
    - ili. Fixed and dilated pupils
    - iv. Glasgow Coma Scale < 5
  - Stillborn births C.
  - D. DOA's (Dead On Arrival)
- Gift of Hope will request permission for donation to occur from Medical Examiner/Coroner, if 2. applicable, prior to any procurement action.
- There is no cost to the family of donors of anatomical gifts. A CP SUR number will be assigned to assist in separating procurement costs which families are not responsible for once consent is given for donation and Gift of Hope assumes care. The caregiver caring for the patient will notify Admitting for a change to CP SUR status.
- Franciscan St. Anthony Health will continue to honor agreements with the Indiana Lions Bank for 4. the procurement of cornea donations

#### PROCEDURE:

- In the event where there is imminent brain death: 1.
  - Gift of Hope will be contacted (1-800-545-GIFT [4438]).
  - Gift of Hope will perform an on site evaluation of potential donor. В. C.
  - Gift of Hope will discuss plan with nurse and physician.
- The caregiver or physician will maintain communication with the patient's significant others, 2.
- Family or significant other is to be offered the service of Spiritual Care. 3.
- When death has not occurred and is perceived as imminent, Gift of Hope will follow patient's 4. status by telephone.
- St. Anthony will call Gift of Hope when brain death work-up is planned and Gift of Hope personnel 5. will come to the hospital.

Title: Organ, Tissue, and Eye Donation Page 2 of 5

- The physician will pronounce brain death. Documents declaring such in the patient's chart will 6. include the following:
  - Date and time of declaration A.
  - Name of declaring physician В.
  - Clinical testing done to assess brain death C.
  - A statement of pronouncement of death D.
- The physician will explain the situation to the family. 7.
- The caregiver will notify the Coroner of the death, if applicable. 8,
- The caregiver will introduce the Gift of Hope personnel to significant others and may also participate in the discussion of donation with family. 9.
- Gift of Hope discusses with significant others and obtains a medical/social history as required by 10. CDC (Center for Disease Control).

### In the Event of Cardiac Death:

- Call Gift of Hope at 1-800-545-GIFT. 1.
- Gift of Hope will communicate the referral to an eye bank such as Indiana Lions Eye & Tissue 2. Transplant Bank (1-800-548-4703.)
- Gift of Hope will determine by telephone the eligibility for donation. 3.
- Obtain a phone number (if possible, two phone numbers) where the significant other can be 4. reached in the next two hours.
- The caregiver will call Gift of Hope with the telephone number. 5.
- Gift of Hope will present family with donation options. 6.
- Gift of Hope, and/or Indiana Lions Eye Bank in conjunction with St. Anthony personnel, will coordinate time and location of the recovery of tissues and eye donations. The Shift Director may 7. need to notify the Operating Room of time. The hospital morgue may also be used for recovery of tissue or corneas.
- After recovering any organs, the Deaths, DOA's and Post Mortem Care policy will be implemented, and the caregiver will notify the funeral home that the case is complete. 8.

#### Documentation:

Complete the Notice of Death section of the electronic medical record. 1.

Title: Organ, Tissue, and Eye Donation
Page 3 of 5

#### **ATTACHMENTS:**

DOWN TIME form: Mortician Release Form/ Organ Donation Tracking Form (P.9500.0007)

### ACCEPTED / APPROVED:

Ethics Committee: 01/18/05

Medical Executive Committee: 01/06/05

Medical Staff Affairs / Quality Improvement Committee: 02/09/05

Northern Indiana Region Board of Directors: 02/23/05

#### REFERENCES:

1. Gift of Hope

2. Indiana Lions Eye & Tissue Transplant Bank

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Title: Organ, Tissue, and Eye Donation
Page 4 of 5

Attachment #1, pg. 1

Time of Death		1
Patient pronounced at(Time)		sician (Nursing Director)
I <sub>1</sub> (Name)	the	(Relationship)  Franciscon St. Anthony Health — Crown Point to allow
Of (Deceased)	aumonze i	Franciscan St. Anthony Health – Crown Point to allow meral Home to remove the body.
(name of fineral home)		tnessed:
	Date / Time	
Funeral Home notified at(date / time Funeral Home phone number:		
The body of a bariatric patient should be Dic	ked up from the nursing un	it.
		have been received by from Franciscan St. Anthony Health – Crown Point
	W	ilness
AUTOPSY RECOMMENDATIONS: Does patient meet autopsy criteria? Did physician request autopsy? Did family request autopsy?	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No	Badge #  Chicago Area Autopsy Service Phone: 708-841-8328 Fax: 847-570-2927 Pager: 312-926-5960
Implantable Device   Type		Initiated Device Tracking Report? ☐ Yes ☐ No
Body Released to Coroner		
Signed: R.N./L.P.N.		Coroner
Franciscan ST. ANTHONY HEALTH Crown Point		PATIENT LABEL MUST BE PLACED WITHIN THIS BOX
.9500,0007 ev 3/4/10 — B/NRS ADMIN	Page 1 of	

*Title:* Organ, Tissue, and Eye Donation Page 5 of 5

Attachment #1, pg. 2

COPONEDIO CAOS OPISSO	
CORONER'S CASE CRITERI Notify Coroner of:	<u>IA</u>
1. Violent deaths (homicide, suicide or accident). 2. Suspicious deaths (unusal or unnatural circumstances, unexplained com 3. Indeterminate manner of death or within < 24 hours of admission 4. Deaths that occur in the course of a therapeutic or diagnostic procedure 5. Deaths related to disease resulting from employment or to accident while 6. Deaths of transplant surgery donors that are the result of trauma. 7. Sudden or unexpected death of a child. (For more detailed explanation, see Administrative Policy: Deaths, DOA's, an 8. Deaths from communicable diseases.  9. Attending/family physician is unwilling to sign death certificate as natural Physician to sign death/burial permit (i.e. John Doe).	e employed. nd Post Mortem Care)
<u>AUTOPSY RECOMMENDATIO</u> (Requires physician order and familiy	NS y consent)
The Department of Pathology, as approved by Medical Staff, has established	the following recommendations for obtaining an
autopsy: 1. Deaths occurring while the patient is being treated under an experimenta 2. Intraoperative or intraprocedure deaths; 3. Meternal deaths incidental to pregnancy; 4. Deaths in Infants and children with congenital malformation; 5. Deaths where the cause is sufficiently obscured to delay completion of th 6. Deaths where symptomatology is not adequately explained; 7. Deaths where diagnostic work-up is incomplete.	,
ORGAN & TISSUE REFERRAL TRAC (To be filled out for every expiration/imminent deat	· · · · · · · · · · · · · · · · · · ·
1. Contact Gift of Hope for all imminent brain deaths and deaths by contact.	ardiac arrest: 1-800-545-GIFT
Please check all that apply:     APatient is NOT a candidate for:    organtissuecornea donation per Recovery     BPatient IS a candidate for:    organtissuecornea donation per Recovery	
Name of Recovery Agency Coordinator:  Reference #	
<ol> <li>If patient is eligible for tissue/eye donation, obtain phone number we next two hours.</li> </ol>	here next-of-kin may be reached in the
Name of hospital person completing this form:	
Title: Unit:	
Date and Time:	*.
Franciscan ST. ANTHONY HEALTH Crown Point Page 2 of 2	PATENT LABEL MUST BE PLACED WITHIN THIS BOX
MORTICIAN RELEASE	





MISHAWAKA, INDIANA

# CORPORATE POLICY

Number: 1112.02 Original Date: 05/05/06

Last Review: 12/23/13

Organ Donation After Cardiac Death (DCD) SUBJECT:

#### POLICY:

As a Catholic healthcare system, the Franciscan Alliance, Inc. ("Franciscan") upholds the Ethical and Religious Directives for Catholic Health Care Services. This policy provides a protocol to offer all patients and/or families the right to choose organ donation when neurological criteria for death cannot be met and they have made the decision to withdraw life-sustaining treatment. By aiding in the facilitation of Organ Donation After Cardiac Death (DCD) or Non-Heart-Beating Donation (NHBD) families are provided the opportunity to donate, and meet the needs of community members in need of life saving organ transplants. Franciscan believes that it is ethically appropriate to consider DCD and by doing so affirms patients' rights by placing their wishes and well being first in our list of priorities. DCD is considered standard of practice nationally and is supported by the recent Institute of Medicine report (April 2000).

# CRITERIA: Appropriate candidates for DCD include all of the following:

- A. A patient with a non-recoverable illness or injury that has caused severe neurological devastation and/or other illness or injury resulting in ventilator dependency.
- B. A decision has been made to invoke the surrogate act, a Do Not Resuscitate (DNR) order, and withdraw life support.
- C. The patient is expected to arrest within one hour of extubation based on the opinion of the hospital's healthcare team.
- D. The patient has irreversible cessation of blood circulation and respiratory function.

# REFERRAL/CONSENT PROCESS:

- A. A potential donor has been identified based on the above criteria as documented by a physician
- B. The Spiritual Care Department and/or Palliative Medicine (if available) will be informed of the potential donor and be available to offer spiritual/emotional support to the family and staff.

C. All patients who meet these criteria are referred to an organ procurement organization (OPO). An OPO coordinator will travel to the hospital as soon as possible to assist in the assessment of the patient as a DCD candidate. The referral needs to occur prior to the removal of life-support.

D. If the patient is a suitable candidate, the OPO coordinator will determine with the attending physician and/or RN an appropriate time to discuss the option of donation with the legal next of kin. The OPO will not participate in the discussion of withdrawal of life support. This decision is made prior to and independent of any decision relative to organ donation.

- E. The consideration of and the discussion between the responsible physician and the family regarding the termination of life support shall take place prior to the referral. The physician will not be associated with the OPO nor shall he/she be affiliated with organ transplant.
- F. The family and/or legal next of kin will be approached regarding the option of DCD at a time agreed to by hospital staff and the OPO. This discussion will take place once the family has decided to withdraw all life-sustaining measures and a DNR has been requested. While the OPO will initiate this discussion, any member of the healthcare team is encouraged to participate.
- G. Families and/or legal next of kin will be fully informed regarding donation options and organ recovery procedures, as well as the opportunity to attend the withdrawal of life support and the death of their loved one. A member of the OPO staff will obtain an informed consent in accordance with the following:

1. A signed and witnessed consent form will be obtained and copies will be given to the hospital and the legal next of kin.

2. Families will be made aware of plans for patients who do not arrest within one hour of extubation.

3. An extensive medical/social history will be obtained for each patient.

4. The extubation will occur in the O.R.

H. If the death falls under the jurisdiction of the Medical Examiner (ME) or the Coroner, the OPO coordinator must obtain the appropriate medical/legal permission to proceed with donation. Release from the ME/Coroner is obtained after a family consents to donation and prior to the withdrawal of life support.

#### MANAGEMENT PROCEDURE:

A. The attending physician (or attending physician's designee) and the medical unit shall manage the patient's care until death has been pronounced.

 The patient must remain hemodynamically supported for organ perfusion prior to withdrawal of life support.

 The administration of clinically appropriate medications in appropriate doses to provide comfort is acceptable and encouraged.

3. The use of paralytics is prohibited.

- 4. Interventions to preserve organ function but which may cause patient discomfort or hasten death are prohibited.
- B. Assessment of Cardiopulmonary stability is often required to predict the likelihood of cardiac arrest within the critical hour following withdrawal of life support. A temporary removal of the patient from ventilator support (a mini-apnea test) is useful

230

in this regard. The attending physician or his/her designee will carry out this procedure, if performed. OPO staff can offer direction for this procedure.

- C. Withdrawal of life support shall be carried out according to hospital policy. Under no circumstances shall a member of the OPO team participate in the discontinuation of life support measures.
- D. The extubation shall not take place until the recovery surgical team is present and prepared for the donation process to commence.
- E. The attending physician or other physician designee is responsible for the declaration of death. Pronouncement of death must be made by a physician not affiliated with the recovery or transplant teams. The pronouncing physician must document the date and time of the death in the patient's medical record.

# RECOVERY PROCESS:

A. Donor extubation in the OR:

1. Once the transplant team has arrived at the hospital the patient is transferred to the OR while mechanically ventilated and monitored.

2. The assistance of a scrub nurse and circulator is required. The patient's

attending or designee also needs to be present.

3. The patient is prepped and draped in the usual fashion and the necessary

solutions and recovery equipment are readily available.
"Comfort measures" (i.e., IV morphine) may be used per physician, family request or hospital protocol prior to removal of life support. Heparin may be administered at the time of extubation.

Life support is removed. Following at least five (5) minutes of asystole and/or Pulseless Electrical Activity (PEA) per cardiac monitor, the patient will be pronounced dead the by attending physician or his/her physician designee. The actual recovery of organs then begins.

6. If the patient does not expire within 60 minutes of extubation, organs will not be recovered, the time will be documented in the patient's chart, and hospital

protocol will be followed.

B. Disposition of body:

- 1. Following the recovery of organs and or tissues, respectful care of the patient's body shall be provided.
- C. Post-Donation Case Review Conference:
- 1. Initially, every DCD case will be reviewed by a committee composed of hospital and OPO representatives

2. The purpose of this review is to:

a. Assess compliance with the protocol procedures.
b. Identify problems and complications, potential or actual, and recommend changes toward their solution.

Advocate the interests of the donor, donor families, recipients, donor hospital, health care providers, and OPO.

- d. Assess the effect of these procedures on the family's grief process and determine whether changes should be instituted to improve the process
- 3. This case review will take place as soon as possible after the donation.

D. From the time of signed/verbal consent, as noted in the patient's chart, all costs related the evaluation and recovery of organs and tissues for transplantation are the responsibility of the OPO.

#### REFERENCES

The National Catholic Bioethics Quarterly, Vol. 4, Number 3, Autumn 2004
The Institute of Medicine: Non-Heart-Beating Organ Transplantation: The
Scientific and Ethical basis for Practice and Protocols, 2000
The Institute of Medicine: Non-Heart-Beating Organ Transplantation: Medical

and Ethical Issues in Procurement, 1997

4. The Kennedy Institute of Ethics Journal, Volume 3, Number 2, June 1993

Sister Lethia Marie Leveille, OSF

Secretary, Board of Trustees

Original Date: 05/05/06 Reviewed: 03/05/07

Reviewed: 11/24/10 (previous # 200.30)

Reviewed: 12/23/13



PolicyStat ID 100168

Original:

11/1/1990 3/24/2014

Last Reviewed:

1/27/2011

Last Revised: Next Review:

3/23/2017

Responsible Party: Carol Schuster: Chief

Nursing Officer NIR

Policy Area:

Administration

References:

Policy

Applicability:

Franciscan St. Anthony

Health, CP:

Franciscan St. Anthony Health, CP (fa-fsahcp)

# Ambulance/Admission Bypass Policy

## **PURPOSE STATEMENT:**

Ambulance and/or admission bypass status should be considered **only** under extreme circumstance, when all resources to provide care have been depleted or the hospital experiences a loss of service.

# KEY POINTS:

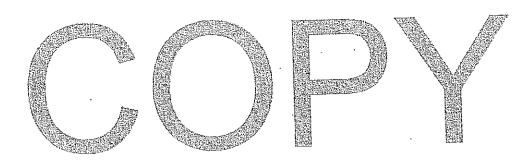
- 1. The decision to go to an Emergency Ambulance Admission Bypass will be made jointly between the Administrator on call, the Emergency Department Director, or designee, and the Vice President of Patient Services, or designee.
- 2. At no time will a bypass status cause the critical patient to be redirected to another facility if there is a threat to the patient of loss of life or limb.
- All atternatives will be evaluated and implemented prior to the initiation of ambulance/admission bypass and will include:
  - A. Initiation of a Code Yellow
  - B. Stabilization of critical patients followed by transfer to another facility.
  - C. Contact physicians to discharge any patients ready for discharge.
  - D. Transfer appropriate patients, per physician order, from critical care areas to general units.
  - E. Recover surgical patients in surgery area.
  - F. Consider all rooms that can be used as semi-private rooms or rooms not currently in use for patient
  - G. Contact Infection Control for assistance in cohorting patients.
  - H. Reschedule elective surgeries.
  - Advise physicians of temporary suspension of non-critical direct admits. Place non-critical patients on admission waiting list.
  - If staff availability is the issue, cancellation of in-services or education programs should be considered.

4. Emergency Departments of area hospitals and EMS providers that will be affected by the bypass status will be notified by the Emergency Department. An update of bypass status should be reissued every 4 hours to the same providers.

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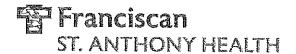
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Total Time on	<b>a</b>	on Time off Minutes Reason:		943 Code White facility failure Emergency	720 No capacity in hospital	270 No capacity in hospital		223 No capacity in hospital	705 No capacity in hospital	245 No capacity in hospital	270 No capacity in hospital	1605 No capacity in hospital	900 No capacity in hospital			1:56:00 AM 750	10:00:00 PM 250	9:00:00 PM 2000	7:45:00 PM 1054	9:00:00 PM 245	11:05:00 PM 300	10:30:00 PM 210	8:47:00 PM 2215PM 300 No capacity in hospital	12:25:00 AM 340	3 PM 8:15:00 PM 255 No capacity in hospital	10:00:00 PM 540	8:00:00 PM . 1185	7:05:00 AM 240	12:00:00 AM 1528	12:00:00 AM 930	
	Diversion Log	Time on	Example:	Thursday, November 13, 2014	Wednesday, November 19, 2014	Sunday, November 23, 2014	Tuesday, December 09, 2014	Wednesday, December 10, 2014	Friday, December 12, 2014	Saturday, December 13, 2014	Monday, December 15, 2014	Wednesday, December 17, 2014	Sunday, December 28, 2014	Monday, December 29, 2014	Friday, January 02, 2015 9:50pm	Saturday, January 03, 2015 9:50:00 PM	Sunday, January 04, 2015 9:30:00 AM	Monday, January 05, 2015 4:50:00 PM	Tuesday, January 06, 2015 5:00:00 PM	Thursday, January 08, 2015 4:35:00 PM	Wednesday, March 11, 2015 6:05:00 PM	Sunday, March 15, 2015 7:00:00 PM		Saturday, June 06, 2015 6:45:00 PM	Monday, June 08, 2015 4:00:00 PM	Tuesday; June 09, 2015 1:00:00 PM	Wednesday, June 10, 2015 12:15:00 AM	Monday, June 15, 2015 3:05:00 AM	Monday, July 06, 2015 12:00:00 AM	Friday, July 24, 2015 12:00:00 AM	



CROWN POINT 1201 South Main Street Crown Point, IN 46307 PH: 219 738 2100 The trauma Peer Review Committee and Trauma Operational process improvement committee are scheduled bimonthly on the fourth Thursday of the month. The trauma Medical director shall chair the peer committee and the Trauma Coordinator shall chair the trauma operations meeting. The trauma Peer Review Committee will consist of all general surgeons on the trauma call schedule and all physician liaisons to the trauma program. TOPIC will consist of the members of the physician peer review, department representatives from the interdisciplinary care team, and additional representation from hospital administration.

Eric Woo, MD

Date

Trauma Medical Director

Franciscan Alliance St. Anthony Health-Crown Point

Jennifer Homan

Date

9-28-2015

Trauma Coordinator

Franciscan Alliance St. Anthony Health-Crown Point

Level III lication



CROWN POINT 1201 South Main Street Crown Point, IN 46307 PH: 219 738 2100 The trauma Peer Review Committee and Trauma Operational process improvement committee are scheduled bimonthly on the fourth Thursday of the month. The trauma Medical director shall chair the peer committee and the Trauma Coordinator shall chair the trauma operations meeting. The trauma Peer Review Committee will consist of all general surgeons on the trauma call schedule and all physician liaisons to the trauma program. TOPIC will consist of the members of the physician peer review, department representatives from the interdisciplinary care team, and additional representation from hospital administration.

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Jennifer Homan

Date

1-28-2015

Trauma Coordinator

Franciscan Alliance St. Anthony Health-Crown Point

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Total Number of Trauma Peer Review Committee meetings held last year:	7			ୟ ଓ ତି ଳ	. Place all me olumns appri nly had quari . Then list all	2. Place all meeting dates in columns C2 through N2, using only columns appropriate for your facility and deleting excess colum only had quarterly meetings, then enter dates in C2 through F2) 3. Then list all committee members in column A with their atter	n columns C2 ur facility an s, then enter	through N d deleting a dates in C olumn A wi	2. Place all meeting dates in columns C2 through N2, using only the number of columns appropriate for your facility and deleting excess columns . (i.e. if you only had quarterly meetings, then enter dates in C2 through F2) 3. Then list all committee members in column A with their attendance recorded	number of (i.e. if you ice recòrded
Trauma Peer Review Committee					÷				:	Overall
Member Name Dr .Eric Woo	Specialty Represented Trauma Medical Director	Nov-14	Dec-14	Feb-15	Mar-15	Apr-15	Jul-15	Aug-15	Overall Attendance	Attendance Percentage
Dr. Brendan Frawley	Trauma Surgeon	<	< >	<	×	` <b>&gt;</b> <	×	×	7	100%
Dr. Mark Mueller	Trauma Surgeon		< '		2	:	×		7	29%
Dr. Galouzis	General Surgeon		>		Κ.	× :	×	×	4	57%
Dr. Ryan Plank	Orthopedics	×	<			×			2	29%
Dr. Michael Streeter	ED /Ems Director (Liason)	< ≻		. >				×	6.4	29%
Dr. Tom Brozak	ER Physician	;		<			×		κ	43%
Dr. Charles Rebesco	Critical Care Liason	>	>					×	н	1.4%
Dr. Evelyn Santos	Anesthesia	; >c	<					×	m	43%
Dr. Yanzhang Dong	Anesthesia	; ×				:		×	7	29%
Dr. Dan Mc Cormick	VP Medical Staff	(		>	>	γ:	;		2	29%
Dr. Steven Klepak	Radiology Liason		۷	< >	Υ	<b>×</b> :	~	×	Ð	71%
Dr. Hytham Rifia	Neurosurgical Liason		<	<	>	<b>×</b> :		×	4	21%
Dr. Sef Farias	General Surgery	*		ŝ	Κ ;	×		×	ന	43%
Jennifer Homan	Trauma Program Coodinator	; ≻	>	2 >	na	ממ	חמ	ממ	н	14%
Crystal Vasquez	Trauma Registrar	< >	< >	< >	κ:	· × :	×	×	7	100%
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PolicyStat ID Original:

Last Reviewed:

8/25/2015

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8/25/2015

Last Revised:

8/25/2015

Next Review:

8/24/2018

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Responsible Party: Irene Copak: Clinical Nurse

Specialist

Policy Area:

Critical Care

References:

Applicability:

Franciscan St. Anthony

Health, CP

# Critical Care RN Requirements Policy

# **POLICY STATEMENT:**

To specify requirements for nurses working in the Critical Care and Emergency Department.

# **KEY POINTS:**

A. This policy applies to the following Critical Care Units: ICU, IMCU, and Cardiac Care

# PROGEDURE:

- A. In addition to the general employment policies and specific department orientation; the following requirements must be met by the Registered Nurse in ICU, IMCU, GCU and ED at Plantescan St. Anthony Health Crown Point.
- B. Within the first three (3) months of employment the following classes/tasks must be shacessfully completed by ED/ICU/IMCU/CCU staff.
  - 1. Basic ECG Course
  - 2. Advanced Life Support (up to 6 months is allowable for IMCU and CCU Staff)
- C. Within twelve (12) months of employment the following classes must be completed:
  - 1. ED/Critical Care/Trauma Critical Care Orientation (CCO) Courses
  - 2. Hemodynamics Course
  - 12-Lead ECG Interpretation Course
  - 4. Pacemaker Course
  - 5. Emergency Department:
    - a. Pediatric Advanced Life Support and Emergency Nurses Pediatric Course
    - b. Trauma Nurse Core Course (TNCC)
    - c. Emergency Room Triage Course
- D. Within the first six (6) months of employment the following task must be successfully completed by ICU staff:
  - 1. Sheath-pulling observed by preceptor and performed by the nurse on three (3) patients
- E. Within 24 months of employment the following classes must be completed:

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Page 1 of 3



- 1. Intensive Care Units:
  - a. Intra-aortic Balloon Pump Training-4 hours with preceptor to be completed within six (6) months from date of class.
  - b. Open Heart Training post-open heart recovery to be completed on three (3) patients within three (3) months from date of class
  - c. PRISMA Training 4 hours with preceptor to be completed within six (6) months from date of class
- F. Critical Care RNs caring for Trauma patients will receive any of the initial Trauma Education within 24 months of employement:
  - Trauma Care After Resuscitation (TCAR)
  - 2. Trauma Nurse Core Course (TNCC)
  - 3. Advanced Trauma Care for Nurses (ATCN)
  - 4. Advanced Trauma Life Support (ATLS)
- G. To maintain a staff position in Critical Care and the Emergency Department, the nurse must successfully complete and maintain the following:
  - 1. Annual Computer Based Competency Exam
  - 2. American Healt Association Basic Life Support (BLS)
  - 3. Advanced Cardiac Life Support (ACLS)
  - 4. Pediatric Advanced Life Support (PALS) and/or Emergency Nursing Pediatric Course (ED only)
  - 5. Trauma Nurse Core Course (TNCC)-(ED only)
  - 6. Annual Stroke Education
    - a. NHSS Certification
    - b. Stroke-related CEUs
  - 7. Annual Trauma Continuing Education
    - a. 4 hours for Critical Care
    - b. 8 hours for Emergency Department
  - 8. Annual Competency/Skills Day

Reviewed By:

Irene Copak, Critical Care CNS

Lisa Peterson, Emergency Department CNS

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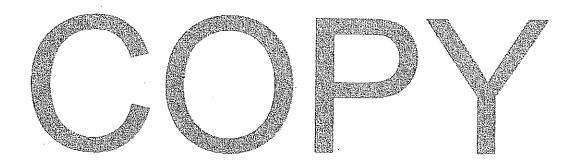
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Page 2 of 3

Committee	Approver	Date
CNS	Irene Copak: Clinical Nurse Specialist	7/22/2015
Department Manager	Debra Kingery: Manager Nursing	8/3/2015
Critical Care Committee	Rachel Moody: Admin Dir Critical Care	8/24/2015
VP Pt. Care Svs.	Carol Schuster; Chief Nursing Officer NIR	8/25/2015





ICU Education

ACLS	BLS	PALS TNCC		TCAR	ATLS	Trauma
(2yrs)	(2yrs)	(2yrs)	(4yrs)	(4yrs)	(4yrs)	cco
92%	100%	34%	6%	3%	0%	21%

**ER Education** 

ACLS	BLS	PALS	TNCC	TCAR	ATLS	ENPC	Trauma
(2yrs)	(2yrs)	(2yrs)	(4yrs)	(4yrs)	(4yrs)		CCO
	100%	74%	70%	0%	- 0%	67%	25%

WHEREAS, traumatic injury is the leading cause of death for Indiana Residents between the ages of 1 and 44 years; and

WHEREAS, Franciscan St. Anthony Health strives to provide optimal trauma care; and

WHEREAS, treatment at a trauma hospital that participates in a standardized system of trauma care can significantly increase the chance of survival for victims of serious trauma; and

WHEREAS, participation in the Indiana Statewide Trauma System by achieving trauma verification from the American College of Surgeons will result in an organized and timely response to patients' needs, a more immediate determination of patients' definitive care requirements, improved patient care through the development of the hospital's performance improvement program and an assurance that those caring for trauma patients are educationally prepared:

THEREFORE; BE IT RESOLVED that the medical staff of Franciscan St. Anthony Health resolves to support the hospital's trauma program and to participate with initiatives in the furtherance of the standards published by the Indiana State Department of Health and the American College of Surgeons for level III trauma hospitals.

IN WITNESS THEREOF, I have hereunto subscribed my name this 4th day of September, 2015.

Stephanos Rizos M.D. President, Medical Staff

Chair, Medical Executive Committee

#### Commitment of the Medical Staff

Franciscan St. Anthony Health medical staff is committed to becoming an established Level III Trauma Center and to purse verification by the American College of Surgeons within one (1) year of submitting the "In progress ACS verification process" application and to achieve ACS verification within two (2) years of the granting of "In progress ACS verification process status.

Further, Franciscan St. Anthony Health recognizes that if verification is not pursed within one (1) year of the application and/or does not achieve ACS verification within two (2) years of the granting of the "In progress ACS verification process" status that the hospital's "In the ACS verification process" status will immediately be revoked, become null and void and have no effect whatsoever.

Stephanos Kizos, MD
President, Medical Staff
Chair, Medical Executive Committee



#### Commitment of the Governing Body

CROWN POINT
1201 South Main Street
Crown Point, IN 46307
PH: 219 738 2100

Franciscan St. Anthony Health Governing Body is committed to becoming an established Level III Trauma Center and to purse verification by the American College of Surgeons within one (1) year of submitting the "In progress ACS verification process" application and to achieve ACS verification within two (2) years of the granting of "In progress ACS verification process status.

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Joseph N. Allegretti, R.Ph.

Franciscan Alliance, Northern Indiana Region

Chairman of the Board

# Franciscan ST. ANTHONY HEALTH

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WHEREAS, Franciscan St. Anthony Health strives to provide optimal trauma care; and

CROWN PONT 1201 South Hain Street Crown Point IN 46307 PH: 219 7381100

WHEREAS, treatment at a trauma hospital that participates in a standardized system of trauma care can significantly increase the chance of survival for victims of serious trauma; and

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THEREFORE; BE IT RESOLVED by the Board of Franciscan St. Anthony Health resolves to support the hospital's trauma program and to participate with initiatives in the furtherance of the standards published by the Indiana State Department of Health and the American College of Surgeons for level III trauma hospitals.

IN WITNESS THEREOF, I have hereunto subscribed my name this 22<sup>nd</sup> day of September, 2015.

Joseph N. Allegretti, R.Ph.

Franciscan Alliance, Northern Indiana Region

Chairman of the Board

